NHS Borders Public Health Department Plan 2025-2030

Supporting the NHS Borders Organisational Strategy 2025–2030, Clinical Strategy, THIS Borders Inequality Strategy, Population Health Framework, and Health & Social Care Renewal Framework

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1.1	17 Mar 2026	Dr Sohail Bhatti	Julieann Brennan reviewed 17/03/2026	Numerous small changes throughout the document
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Contents

Executive Summary

NHS Borders is transitioning into a **Population Health Organisation (PHO)** — an NHS system oriented around prevention, equity, sustainability and partnership rather than reactive treatment. This Department Plan sets out the enabling conditions, programmes and governance required to embed population health across every aspect of NHS Borders' work.

The Department Plan aligns with:

- Scotland's **Population Health Framework**, **Service Renewal Framework**, and Public Service Reform direction, referenced throughout the **Population Health Organisation** documents
- The **NHS Borders Organisational Strategy 2025–2030** and **Clinical Strategy** (Care Closer to Home; Person-Centred Care; Technology-Enabled Care; Empowered Workforce)
- Insights from the Public Health Operational and Senior Leadership Meetings indicating the need to distinguish population health from the clinical strategy and to strengthen primary prevention
- The broader partnership and anchor institution commitments within **NHS Borders Strategy 2025–2030**

1. Introduction

NHS Borders' mission is to set the standard for healthcare excellence by reducing health inequalities, enhancing community wellbeing, and preventing illness. They are responsible for providing, planning, and improving local health services through integrated care, with a focus on patient experience and effective partnerships

To support the overall NHS Borders' mission, our Public Health department will focus on reduction of health inequalities, reducing preventable ill health and supporting people to live longer, healthier lives through collaborative partnerships across the Borders. The Department Plan provides the direction required to implement the Population Health Framework on a local scale. This plan will detail for our staff and stakeholders the role of the Public Health Department and how we will achieve our deliverables in alignment with local and national public health policy. *(Scotland's Population Health Framework, Scottish Government & COSLA, 2025)*. (bullet points)

To develop an effective and resilient Public Health Department, we will align our work with key local and national strategies and drivers.

Public health priorities are, and always have been, to reduce inequity in health experience and outcome, and focus on delivering effective upstream primary prevention.

2. Strategic Context

2.1 Population Needs and Inequalities

Borders faces distinctive population health challenges, including rising long-term conditions and multimorbidity, widening inequalities between the most and least deprived communities (These inequalities are not always captured within SIMD (Scottish Index of Multiple Deprivation) due to our rurality), an ageing population, workforce pressures, and rurality-based access challenges. These factors necessitate a shift from reactive service design to proactive population health systems *(Population Health Framework: Evidence Paper, Scottish Government, 2025)*.

Further local intelligence data is shown in the THIS BORDERS, HEALTH INEQUALITIES STRATEGY and the DATA PACK provided to support the clinical strategy. Strategic context should include referring to this data.

2.2 National and Regional Policy

The **Population Health Framework** promotes prevention-first, whole-system approaches, with a focus on earlier intervention, primary prevention, and reducing inequalities *(Scotland's Population Health Framework, Scottish Government & COSLA, 2025)*.

The **Health & Social Care Service Renewal Framework** sets expectations for sustainable, preventative models of care, shifting activity upstream and strengthening a whole-system approach across NHS Boards and Integration Joint Boards *(Health & Social Care Service Renewal Framework, Scottish Government, 2025)*.

The **Population Health Organisation** guidance is led by PHS and supports Boards in implementing a whole-system approach to prevention *(Population Health Organisation Guidance & PHO Maturity Matrix, Public Health Scotland, 2024)*.

Regional collaboration through sub national **East Region planning** has been highlighted in Delivery Group meetings as essential for scaling prevention, aligning intelligence, and supporting shared priority areas *(Population Health Organisation Guidance & PHO Maturity Matrix, Public Health Scotland, 2024)*.

2.3 Local Strategic Landscape

This Department Plan aligns with, and supports delivery of:

- The **NHS Borders Organisational Strategy 2025–2030**, which sets out the system-wide shift toward prevention, partnership and sustainable delivery *(NHS Borders Organisational Strategy, NHS Borders, 2025)*.

- The **Clinical Strategy**, approved by the NHS Borders Board, which emphasises care closer to home, person-centred care, technology-enabled care, and an empowered workforce *(Clinical Strategy, NHS Borders Board, 2025)*.

- The **THIS Borders, Health Inequality Strategy & Director of Public Health (DPH) Reports** which provides a framework for targeted action on health inequalities across the life course *(THIS Borders Inequality Strategy, NHS Borders & Partners, 2024)*.

3. Vision

The Public Health department vision is a Scottish Borders where prevention, equity, sustainability and partnership shape the design and delivery of all services *(Scotland's Population Health Framework, Scottish Government & COSLA, 2025)*.

NHS Borders Public Health department will work with wider NHS organisation colleagues and partners to help become a Population Health Organisation where:

- **Prevention is the organising principle** of service planning and delivery, ensuring earlier intervention and proactive models of care. We will work and support performance and planning and acute to make this happen. *(Scotland's Population Health Framework, Scottish Government & COSLA, 2025)*.
- **Health Inequalities are systematically reduced**, with actions targeted across the life course and across geographies, consistent with the ambitions set out nationally and within the THIS Borders Inequality Strategy *(THIS Borders Inequality Strategy, NHS Borders & Partners, 2024)*.
- **Communities and partners shape local solutions**, reflecting Scotland's emphasis on co-production and the need for cross-sector collaboration to improve population health outcomes *(Population Health Framework: Evidence Paper, Scottish Government, 2025)*.
- **Data and insight drive decisions**, supported by strengthened population health intelligence, analytics and shared system understanding *(Population Health Organisation Guidance & PHO Maturity Matrix, Public Health Scotland, 2024)*.
- **All staff are empowered, skilled and supported** to apply population health approaches across pathways and settings, reflecting the national priority to build a prevention-focused workforce *(Health & Social Care Service Renewal Framework, Scottish Government, 2025)*.
- **Resources shift toward intervening early and result in sustainable delivery**, consistent with Scotland's long-term shift toward value-based, preventative health and social care *(Scotland's Population Health Framework, Scottish Government & COSLA, 2025)*.

4. Strategic Priorities

4.1 Prevention and Intervening Early

Our Public Health Department will advocate for NHS Borders to rebalance investment and effort towards prevention.

This aligns with national expectations for prevention-first, whole-system action *(Scotland's Population Health Framework, Scottish Government & COSLA, 2025)*.

Key aims:

- Embed prevention throughout pathways *(Health & Social Care Service Renewal Framework, Scottish Government, 2025)*.
- Increase screening and vaccination participation and early intervention targeting appropriate support eg Adverse Childhood Experiences (ACEs) *(Population Health Organisation Guidance & PHO Maturity Matrix, Public Health Scotland, 2024)*.
- Scale lifestyle, wellbeing and community-based programmes eg social prescribing *(Scotland's Population Health Framework, Scottish Government & COSLA, 2025, DPH reports 2023,24)*.
- Ensure all initiatives are evidence-based and quality evaluation is embedded in planning of innovative interventions.
- Support a coherent, evidence-informed approach to drugs/alcohol harm reduction across the Borders, including alignment with local licensing activity and the use of population-level alcohol intelligence to inform decision-making.
- Increase awareness and accessibility of substance-related education and promote consistent public health messaging.
- Focus on achieving behaviour change, rather than solely increasing knowledge or awareness.

4.2 Reduce Health Inequalities

This priority objective is aligned with the THIS Borders, Health Inequality Strategy and informed by operational insights such as limitations of IMD for rural areas. These approaches reflect national commitments to narrowing socioeconomic health gaps through targeted intervention *(THIS Borders Inequality Strategy, NHS Borders & Partners, 2024)*.

Focus areas (not limited to):

- Targeted interventions in the most deprived areas
- Strengthening health inequality actions
- Improving rural access to services
- Embedding health inequality impact assessment (HIIA) in all change programmes

- Clearly defining health inequalities in a rural context
- Enhance self-help without widening disadvantage

4.3 Strengthen Partnership and Place-Based Working

This reflects the emphasis on partnership in the NHS Borders Strategy 2025–2030 and Scotland's national reform agenda, both of which highlight the need for coordinated cross-sector working *(NHS Borders Organisational Strategy, NHS Borders, 2025)*. This will be progressed through strong, purposeful partnership working. Our role is to provide leadership, influence and expertise to strengthen collective action on health inequalities across the system, rather than to deliver individual programmes in isolation.

Public Health will:

- Co-deliver programmes with Health & Social Care Partnership (HSCP), Scottish Borders Council (SBC), Integration Joint Board (IJB), Registered Social Landlords (RSLs), the third sector, and other key partners to ensure planning, development and decision-making are informed by robust population, health intelligence and inequalities focus.
- Work directly with regional and national partners to ensure effective implementation of agreed strategies and programmes at local level, translating national and regional priorities into delivery within NHS Borders while maintaining alignment with local population health needs and the Clinical Strategy.
- Develop place-based wellbeing partnerships and ensure planning and delivery is informed by people's lived experience.
- Priorities will be aligned with the Community Planning Partnership and its agreed programme of work, reflecting shared system ambitions and place-based priorities. In addition, Public Health priorities will be consistently aligned with the NHS Borders Clinical Strategy, ensuring a strong and explicit connection between population health improvement and clinical planning.
- Partnership working will extend beyond local arrangements, with active engagement at regional and national levels to support coherence, reduce duplication and maximise opportunities for shared learning and impact.

4.4 Workforce Capability and Culture

This supports the Clinical Strategy theme of an Empowered Workforce and the organisational priority to embed Quality Improvement across the system *(Clinical Strategy, NHS Borders Board, 2025)*. This priority focuses on strengthening workforce capability and culture to ensure that public health principles, prevention and inequalities are embedded across the system.

Commitments:

- Public Health will play a leadership role in developing a shared understanding of population health, prevention and health inequalities across the workforce. This

includes supporting staff at all levels to recognise their contribution to public health outcomes and to apply public health thinking consistently within their roles.

- A core focus will be on building public health skills, including prevention and inequalities awareness, supported by training and development opportunities that enable staff to use evidence, evaluation and reflective practice to inform decision-making. We will start with staff within our department. This approach supports a more confident, informed and prevention-focused workforce, rather than discrete or profession-specific skill development.
- Leadership development and systems thinking will be promoted to ensure that public health considerations are embedded within strategic and operational decision-making. This includes supporting leaders to routinely consider population health framework, alignment with the Clinical Strategy and contribution to reducing health inequalities when developing new work or initiatives.
- Public Health will also contribute to creating a supportive and compassionate culture, recognising the organisation's role as an anchor institution and the importance of staff wellbeing in delivering sustainable population health improvement.

4.5 Population Health Intelligence

This priority focuses on strengthening population health intelligence and insight to support informed, evidence-led decision-making across the system. This responds to the recognised need for improved data, analytics and insight, as emphasised in national PHO guidance *(Population Health Organisation Guidance & PHO Maturity Matrix, Public Health Scotland, 2024)*.

Public Health will:

- provide strategic leadership in the development and use of population health intelligence, ensuring that data and insight are used consistently to understand need, identify inequalities and inform priorities. This includes supporting a shared understanding of population health trends and their implications for planning and delivery across services and partners.
- A key emphasis will be on improving the use of data, evidence and insight to support prevention-focused approaches and to guide strategic and operational decision-making. Population health intelligence will be used to inform prioritisation, evaluate impact and support a more proactive and anticipatory approach to addressing health inequalities.
- Work collaboratively across the system to strengthen analytical capability and ensure that intelligence is accessible, relevant and aligned with both local population health needs and the NHS Borders Clinical Strategy. This will support greater coherence between strategic intent, service planning and delivery.
- Work collaboratively with partners to develop shared, system-wide population health datasets that support a common understanding of need, enable informed decision-making and strengthen collective action to reduce health inequalities.

4.6 Anchor Institution Commitments

This priority focuses on strengthening the role of Public Health in supporting NHS Borders to act as an effective anchor institution, contributing to wider social, economic and environmental determinants of health. This approach positions the anchor institution role as an enabling and system-shaping function, supporting long-term improvement in health and wellbeing through collaboration, influence and strategic alignment.

Public Health will:

- Provide strategic leadership and influence to ensure that the organisation's anchor institution role is aligned with population health priorities and contributes to reducing health inequalities. This includes supporting consideration of health, wellbeing and inequalities across organisational policies, decision-making and partnership working.
- Use place-based leadership, working with partners to support inclusive, preventative and sustainable approaches that reflect local context and community need. Public Health will help to ensure that place-based activity is informed by population health evidence and aligned with wider system priorities, including community planning and regional and national policy direction.
- Support NHS Borders to recognise and maximise its wider impact as an employer, partner and system leader, including the contribution of workforce wellbeing, fair work and organisational culture to sustainable population health improvement.
- We need a clear identity to operate under our own agency. For too long our contribution is overlooked nor identified. A logo with a clear strapline & mission statement may help address this.

5. Governance & Assurance – *Monitoring, Evaluation & Reporting*

5.1 Population Health Governance

NHS Borders will be expected to establish a **Population Health Governance Board to which each service area will be required to report on progress measures,** taking into account the Enabling Strategies, Clinical Strategy actions, and inequality objectives *(Population Health Organisation Guidance & PHO Maturity Matrix, Public Health Scotland, 2024)*.

5.2 Public Health Governance

Effective governance and assurance are critical to ensuring that this strategy delivers meaningful and sustained improvement in population health outcomes. Robust governance arrangements will provide oversight, support alignment with wider organisational priorities and enable continuous learning across the system.

Through these arrangements, governance will act as an enabling function—supporting consistency, transparency and continuous improvement—while maintaining a clear strategic focus on reducing health inequalities and improving population health outcomes across NHS Borders

A key emphasis will be on developing a strong internal Public Health governance function to support oversight of workstreams, evaluation of impact and alignment across programmes. This will ensure that learning from implementation is captured, shared and used to inform future priorities and decision-making.

Development a governance framework that will support both upward and downward accountability**,** ensuring strong connections between Public Health, clinical governance, corporate governance and wider partnership structures, including community planning and system leadership forums. This will enable effective escalation, feedback and shared ownership of population health priorities.

6. Implementation Plan (Phased Approach)

Implementation will follow a clear pathway from establishing shared foundations, to embedding population health ways of working across the system, to sustaining and maturing delivery over time. The approach is intentionally phased to support coherence, manage capacity and maintain a consistent focus on prevention and inequalities.

6.1 Implementation pathway

Phase 1 (0–6 months): Establish shared foundations. Agree the strategic focus, create a shared understanding of need and inequalities, and confirm governance, measures and ways of working that will guide delivery.

Phase 2 (6–18 months): Embed across planning and partnerships. Population health principles become routine within service planning, pathway redesign and place-based partnership working, supported by accessible intelligence and a developing workforce culture.

Phase 3 (18–36+ months): Sustain and mature. Approaches are integrated into standard business processes, learning and evaluation are continuous, and the organisation demonstrates increasing maturity as a Population Health Organisation.

Assurance and learning : Each phase will be reviewed through routine governance and a small set of agreed measures, with learning used to refine priorities and maintain alignment with the wider organisational and clinical strategies.

6.2 Definition of success

Success means this strategy is consistently used to prioritise, plan, deliver and learn—so that day-to-day work aligns with the department's highest-value contribution to prevention, inequalities and population health improvement.

- **Clear line of sight:** Workplans clearly map to the strategic priorities (4.1–4.6), with an explicit prevention and inequalities focus and minimal "off-strategy" activity.
- **Consistent prioritisation and trade-offs:** Decisions to start, stop, scale or pause work are transparent and based on agreed criteria (need, evidence, inequalities impact, deliverability and system value).
- **Measures that support learning:** A small set of measures is used routinely to track progress and outcomes, and to guide improvement—rather than to increase reporting burden.
- **Governance adds value:** Governance conversations focus on progress, barriers, risks, learning and alignment, not only activity updates; escalation routes and accountability are understood.
- **Intelligence is routinely applied:** Population health intelligence and inequalities insight are regularly used to shape priorities, pathway redesign and partnership decisions, including consideration of rurality and access.
- **Partnership coherence:** Public Health is experienced by partners as consistent and enabling, with shared aims and joined-up plans across NHS Borders, HSCP, Scottish Borders Council and the third sector.
- **Workforce confidence and consistency:** Staff across the department (and increasingly across the organisation) can describe their contribution to prevention and inequalities and apply population health thinking in their roles.
- **Demonstrable shift over time:** There is growing evidence of upstream prevention, improved equity of access/uptake and more sustainable models of care, consistent with PHO maturity expectations.
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7. Conclusion

This Plan positions NHS Borders Public Health Department to fully realise its role as a Population Health Organisation—one that is preventive, equitable, collaborative, sustainable and anchored in community need. Built from Board-approved strategies, public health evidence, operational insight and national frameworks, it provides a unified route toward better outcomes for the people of the Borders *(Scotland's Population Health Framework, Scottish Government & COSLA, 2025)*.

8. Reference List

Scottish Government & COSLA (2025). *Scotland's Population Health Framework.*
Defines Scotland's long-term, whole-system approach to prevention, improved healthy life expectancy, and reducing inequalities.

Scottish Government (2025). *Population Health Framework: Evidence Paper.*
Provides the evidence base underpinning the national Population Health Framework, including inequalities, system pressures, and rationale for upstream prevention.

Scottish Government (2025). *Health & Social Care Service Renewal Framework*
Sets expectations around prevention-focused system redesign, sustainable service models, and shifting activity upstream.

Public Health Scotland (2024). *Population Health Organisation Guidance & PHO Maturity Matrix*
Framework supporting NHS Boards in implementing whole-system population health approaches and assessing PHO maturity.

NHS Borders (2025). *NHS Borders Organisational Strategy 2025–2030*
Outlines the strategic shift toward prevention, partnership, sustainability, and anchor institution responsibilities.

NHS Borders Board (2025). *Clinical Strategy.*
Describes clinical transformation priorities including care closer to home, person-centred pathways, technology-enabled care, and workforce empowerment.

NHS Borders & Partners (2024). *THIS Borders (Tackling Health Inequalities in the Scottish Borders Strategy).*
Framework for reducing inequalities across the life course, including targeted interventions and governance mechanisms.

Director of Public Health Reports for the Scottish Borders 2023, 2024

9. Glossary

Access to Services - The ability of individuals or communities to reach and use health, social care and other essential services. Access is influenced by distance, transport availability, cost, digital connectivity, service capacity and acceptability. In rural areas, structural barriers can limit equitable access even where services exist. *See also: Rurality, Transport Poverty, Equity / Health Equity.*

Adverse Childhood Experiences (ACEs) - Potentially traumatic events occurring before the age of 18, including abuse, neglect and household adversity. ACEs are associated with increased risk of poor physical and mental health, social difficulties and risk-taking behaviours across the life course.
See also: Early Intervention, Intervening Early, Wider Determinants of Health, Health Inequalities.

Anchor Institution - Large, locally rooted public sector organisations that are unlikely to relocate and therefore have a significant and enduring influence on local economic, social and environmental conditions. As an anchor institution, NHS Borders can improve population health through employment practices, procurement, partnerships and place-based leadership, as well as through service delivery.
See also: Wider Determinants of Health, Place Based Working, Equity / Health Equity.

Burden of Disease - The overall impact of disease and injury on a population, capturing both mortality and morbidity. Often expressed using composite measures such as disability-adjusted life years (DALYs) or quality-adjusted life years (QALYs).*See also: Health Inequalities, Prevalence, Incidence.*

Co-production - An approach where services, policies or interventions are designed and delivered collaboratively with communities and people with lived experience, sharing power, knowledge and responsibility. Co-production aims to improve relevance, equity and effectiveness by valuing experiential knowledge alongside professional expertise. *See also: Place Based Working, Health Inequalities, Equity / Health Equity.*

Data Zone - A small area geographic unit used in Scotland for statistical reporting, typically containing 500–1,000 residents. Data zones underpin SIMD reporting and local inequality analysis. *See also: Scottish Index of Multiple Deprivation (SIMD), Deprivation, Health Inequalities.*

Deprivation - The relative disadvantage experienced by individuals or communities, commonly measured across multiple social and economic domains rather than income alone. *See also: Scottish Index of Multiple Deprivation (SIMD), Hidden Deprivation, Wider Determinants of Health.*

Digital Exclusion - Limited or unequal access to digital services, devices or connectivity, restricting engagement with online health services, information and support. In rural Borders communities, digital exclusion can compound physical access barriers. *See also: Access to Services, Rurality, Equity / Health Equity.*

Early Intervention - Targeted action taken as early as possible in the disease pathway to prevent escalation of risk, reduce harm and improve long-term health and social outcomes. Commonly applied to where there is a service need, it is relevant across the life course. *See also: Intervening Early, Primary Prevention, Health Inequalities.*

Equity / Health Equity - A principle focused on achieving fairness in health by recognising different levels of need and addressing avoidable and unjust inequalities through proportionate action. *See also: Health Inequalities, Wider Determinants of Health.*

Fuel Poverty - A household's inability to afford adequate heating and energy services at reasonable cost. Fuel poverty is a significant rural issue due to housing stock, reliance on non-mains fuel and higher energy costs. *See also: Hidden Deprivation, Wider Determinants of Health, Health Inequalities.*

Geographical Inequality - Differences in health outcomes or service access arising from place, including urban-rural location, distance to services and local infrastructure. In NHS Borders, geographical inequality may exist independently of SIMD-measured deprivation. *See also: Health Inequalities, Rurality, Deprivation.*

Health Inequalities - Systematic, avoidable and unfair differences in health outcomes between population groups, often driven by social, economic and environmental factors. *See also: Equity / Health Equity, Deprivation, Wider Determinants of Health.*

Health Inequality Impact Assessment (HIIA) - A structured process for assessing how a proposed policy, service change or programme may affect health inequalities, including differential impacts across population groups, places and life stages. HIIAs support proportionate, preventative and equitable decision making. *See also: Health Inequalities, Equity / Health Equity, Population Health Intelligence.*

Health Intelligence - The systematic collection, analysis, interpretation and presentation of data to inform evidence-based planning, prioritisation, evaluation and assurance in public health.

Hidden Deprivation - Disadvantage not fully captured by area-based measures such as SIMD. In rural areas this may include low income, fuel poverty, social isolation or transport barriers within otherwise less deprived data zones. *See also: Scottish Index of Multiple Deprivation (SIMD), Rurality, Health Inequalities.*

Incidence - The number of new cases of a condition occurring within a defined population over a specified time period. *See also: Prevalence, Burden of Disease.*

Intervening Early - The practice of identifying emerging need, risk or vulnerability at the earliest opportunity and acting promptly to prevent disease progression/development, reduce harm and improve outcomes. Emphasises timely, proportionate, intelligence-informed action. *See also: Early Intervention, Secondary Prevention, Health Inequalities.*

Lived Experience - The insight and understanding that individuals gain from directly experiencing health conditions, inequalities, or services, informing perspectives that complement professional and academic evidence.

Place Based Working - A way of planning and delivering services that is rooted in a specific geographic area, focusing on local assets, needs and partnerships. Place-based working integrates health, social care, local government, third sector and community action to address wider determinants of health. *See also: Anchor Institution, Community Planning Partnership, Health Inequalities.*

Population Health - An approach concerned with the health outcomes of a defined population, the distribution of those outcomes, and the factors that influence them. Population health focuses on prevention, equity and collective responsibility across systems rather than individual service activity alone. *See also: Health Inequalities, Wider Determinants of Health, Prevention.*

Population Health Organisation (PHO) - An NHS system that embeds population health principles across governance, planning, delivery and partnerships, with prevention, equity and sustainability as organising principles. PHOs use intelligence, collaboration and system leadership to improve outcomes and reduce inequalities. *See also: Population Health, PHO Maturity Matrix, Health Intelligence.*

PHO Maturity Matrix – A framework developed by Public Health Scotland to support NHS Boards in assessing progress toward becoming a Population Health Organisation. It describes incremental stages of maturity across governance, intelligence, workforce, partnerships and prevention. *See also: Population Health Organisation (PHO), Governance, Health Intelligence.*

Prevalence - The total number of people living with a condition in a population at a given point in time or over a defined period. *See also: Incidence, Burden of Disease.*

Prevention - Actions taken to reduce the risk of ill health, delay onset of disease or lessen its impact across the life course. Prevention spans primary, secondary and tertiary prevention and underpins a shift from reactive treatment to proactive population health improvement. *See also: Primary Prevention, Secondary Prevention, Tertiary Prevention, Intervening Early.*

Primary Prevention - Actions taken to prevent the onset of disease or injury by reducing exposure to risk factors or strengthening protective factors. *See also: Early Intervention, Wider Determinants of Health.*

Proportionate Universalism - An approach to reducing health inequalities where actions are delivered universally but at a scale and intensity proportionate to need. This supports fairness by ensuring greater support for those experiencing greater disadvantage while maintaining universal access. *See also: Health Inequalities, Equity / Health Equity, Targeted Intervention.*

Remote and Rural - A classification describing areas that are sparsely populated and distant from urban centres and services. In NHS Borders, this framing is often used to contextualise workforce, access and service delivery challenges. *See also: Rurality, Access to Services, Equity / Health Equity.*

Rurality - The characteristic of living in geographically dispersed settlements with lower population density and greater distance from services. In the Scottish Borders, rurality strongly shapes access, transport, service design and inequality patterns. *See also: Access to Services, Transport Poverty, Health Inequalities.*

Scottish Index of Multiple Deprivation (SIMD) - Scotland's official area-based measure of relative deprivation, ranking small areas based on multiple domains including income, employment, health, education, housing, crime and access to services. *See also: Data Zone, Deprivation, Hidden Deprivation.*

Screening Programme - A systematic population-based approach to identifying individuals at increased risk of a specific condition, enabling further assessment or early treatment.

Secondary Prevention - Measures aimed at early detection of disease through screening or case finding, enabling timely intervention to improve outcomes. *See also: Screening Programme, Intervening Early.*

Service Catchment - The geographic area and population served by a specific healthcare or public health service. In NHS Borders, catchments may be large and irregular, affecting travel time, uptake and equity of provision. *See also: Access to Services, Rurality, Health Intelligence.*

Social Prescribing - A mechanism for connecting people to non-clinical community-based support to improve health and wellbeing, such as social, physical activity, advice or creative services. Social prescribing supports prevention and addresses wider determinants of health. *See also: Prevention, Wider Determinants of Health, Early Intervention.*

Standard Population - A reference population used in age standardisation to support fair comparisons of rates between populations or over time. *See also: Health Intelligence.*

Targeted Intervention - Interventions designed for specific population groups, places or risks where need is greatest, often informed by intelligence on inequalities. Targeted approaches are most effective when integrated within proportionate universal systems. *See also: Proportionate Universalism, Health Inequalities, Population Health Intelligence.*

Transport Poverty - A situation where individuals or households experience difficulty accessing essential services, employment or social opportunities due to limited, unreliable or unaffordable transport. particularly relevant in rural Borders communities. *See also: Access to Services, Rurality, Wider Determinants of Health.*

Travel Time - The time required to reach services, often used as a proxy measure for access in rural contexts. Longer travel times may reduce service uptake and exacerbate health inequalities. *See also: Access to Services, Transport Poverty, Geographical Inequality.*

Tertiary Prevention - Interventions focused on managing established disease to minimise complications, slow progression and improve quality of life. *See also: Burden of Disease, Secondary Prevention.*

Wider Determinants of Health - The social, economic and environmental conditions influencing health outcomes, including income, education, employment, housing, transport, social connections and environment. *See also: Health Inequalities, Deprivation, Equity / Health Equity.*

Workforce Development (Public Health) - The systematic development of knowledge, skills, leadership and culture required to embed public health principles, prevention and inequalities thinking across the workforce, not solely within specialist public health roles. *See also: Population Health Organisation, Prevention, Health Inequalities.*