

A Scotland Where Everybody Thrives

Public Health Scotland's Three-Year Plan: 2022-25

Publication date: September 2022

Contents

1.1 This plan	5
1.2 Involvement	5
1.3 Impact	6
1.3.1 Improving life expectancy	6
1.3.2 Demonstrating impact	Error! Bookmark not defined.
2. Strategy Map	8
3. Impact on outcomes: how we want to shape Scotland	9
3.1 Prevent disease	9
3.1.1 Infectious and non-communicable disease	10
3.1.2 Vaccine-preventable disease	11
3.1.3 Scotland ready for future pandemics	13
3.2 Prolong healthy life	15
3.2.1 Drug, alcohol and tobacco	15
3.2.2 Cancer	19
3.2.3 Quality of services	21
3.3 Promote health and wellbeing	25
3.3.1 Child poverty	26
3.3.2 Neighbourhoods	28
3.3.3 Mental wellbeing	31
3.3.4 Income inequalities	33
4. Objectives for Public Health Scotland: how we will change	36
4.1 Be the go-to source of public health data and intelligence	36
4.2 Put reducing health inequalities at the heart of all we do	38
4.3 Increase our collaboration with local partners to improve the health of communities	40
4.4 Support Scotland's recovery from COVID-19 so no-one is left behind	42

4.5 Equip our people with the systems and structures to deliver for Scotland	44
5. Enabling impact	46
6. Our role	49
7. How we will work: our values	51
8. Glossary	54

Our vision for Scotland

In Public Health Scotland, we want to see a Scotland where everybody thrives. Specifically, we want to see life expectancy in Scotland start to improve again. We want to see the difference in life expectancy between the poorest and wealthiest areas get smaller.

People in Scotland die younger than any other country in Western Europe. People in our poorest neighbourhoods die more than a decade before their neighbours in the wealthiest neighbourhoods. Poverty, poor-quality housing, low-paid work, unhealthy environments, vaccine-preventable and infectious diseases, access to services and unstable jobs all impact on people's physical and mental health. Life expectancy has not improved since 2012 and healthy life expectancy is declining.

It is a bold and ambitious vision. Scotland faces significant challenges. Inflation on food and fuel, tightening public sector budgets and a potential recession will make achieving it harder. Climate change is a long-term challenge.

In Public Health Scotland, however, we know that together with our partners and people in Scotland, we can achieve it. We have made significant improvements in Scotland's health before. In the past, people and organisations across Scotland have worked together to:

- Stop millions of children being killed or harmed by diseases like polio, smallpox and measles by vaccinating them
- Avert countless cases of lung cancer and other illnesses caused by tobacco by banning smoking in public places
- Lift many out of poverty thereby preventing early deaths, by creating a welfare state
- Ensure everyone gets high quality treatment by improving access to - and the safety of - our healthcare services.

1.1 This plan

This plan says what we in Public Health Scotland will do up to March 2025 to lead and support Scotland to be healthier and fairer. It describes:

- Our role: our contribution to lead Scotland to meet these challenges;
- Impact: the difference we want to see in Scotland by 2025;
- What we will do to create this change in Scotland; and
- How we will work with others to achieve it.

Public Health Scotland was established on 1 April 2020. We published our first strategic plan in September 2020. This plan builds on and extends that original plan, more clearly aligning us against national outcomes, elaborating on what we will do and setting out clearer milestones for progress and measures of impact. As Scotland's health challenges evolve, so will our approach to leading and supporting work to meet them.

1.2 Involvement

The plan is informed throughout by engagement with our stakeholders, partners and the public. As a public body, everything we do relates to the public. This takes a variety of forms. Sometimes we engage directly with the public - our COVID-19 daily data or our work engaging young people through Young Scot, for example. More often we work through others. Our advice to the public on vaccines reaches the public through www.nhsinform.scot. Public engagement often comes through organisations who link directly to communities like local authorities and NHS boards. Public accountability is through a publicly appointed Board with two locally elected councillors, and through our accountability to Scottish Ministers and COSLA's political leadership.

1.3 Impact

There are many ways you can measure a nation's health and health inequalities. We have chosen two relatively simple, available, comparable, and easy to understand measures for showing whether we have achieved our ambition.

1.3.1 Improving life expectancy

For us, success in influencing life expectancy means that Scotland's life expectancy – which has stopped improving in recent years – starts improving again. We will track this using the life expectancy figures for Scotland published every year by the National Records of Scotland (NRS). Life expectancy is how long a baby born now could expect to live if they experienced today's mortality rates throughout their lifetime.

1.3.2 Reducing health inequalities

Our vision is a Scotland where **everybody** thrives. That means that improving life expectancy, if it leaves behind people in our poorest areas, is not enough. Success for us is seeing the difference in life expectancy between Scotland's most and least deprived areas getting smaller.

1.3.3 Achieving outcomes for people by collaboration

Achieving our vision of a Scotland where everybody thrives goes beyond the lifetime of this plan. This plan therefore sets out more realistic - but still ambitious - outcomes for Scotland to achieve in the next three years. You can find these throughout the plan.

Yet even these outcomes are beyond the direct control of Public Health Scotland. Achieving them will require collaboration across public, third and private sectors. Scottish Government; CoSLA; local authorities; national public bodies like the Improvement Service, Police Scotland and the Scottish Fire and Rescue Service; the NHS, and local public health teams have an instrumental role to play. In line with the

Christie commission's recommendations, this plan is clear about the outcomes for people in Scotland and how we will collaborate with others to achieve them. Where possible, these outcomes are indicators in the National Performance Framework. An essential aspect of this is contributing towards the work of the **Scottish Government's Care and Wellbeing Portfolio**, which brings oversight and coherence to the major health and care reform programmes, designed to improve population health, address health inequalities and improve health and care system sustainability.



As a public body, it is important that we are accountable for our contribution to those outcomes. Throughout the plan you will therefore also find milestones for, and measures of, our contribution to achieving these Scotland-wide outcomes.

2. Strategy Map

Our vision | We want to see

A Scotland where everybody thrives

That means:

Life expectancy in Scotland to improve

The 10-year difference in life expectancy between the poorest and wealthiest neighbourhoods to reduce

Our mission | We lead and support work in Scotland to

Prevent disease

Prolong healthy life

Promote health and wellbeing

Shared outcomes | To deliver this ambition, by March 2025, we will work with our partners to improve national outcomes on:

The number of people – especially in our most deprived communities – getting vaccine preventable diseases like COVID-19

The number of people losing health to infectious and non-communicable diseases and hazards – especially hep C, HIV and TB

Scotland's readiness for future pandemics

The number of people dying from drug, alcohol and tobacco use

The number of people dying from cancer

Satisfaction with the quality of public services

The proportion of people over 55 say their health is 'good' or 'very good'

The number of children living in poverty

The proportion of people describing their neighbourhoods as a 'very good' place to live

Mental wellbeing

Income inequalities

Our objectives | To achieve this, we will

Be the go-to source of public health data and intelligence

Put reducing health inequalities at the heart of all we do

Equip our people with the systems and structure to deliver for Scotland

Increase our collaboration with local partners to improve the health of communities

Support Scotland's recovery from COVID-19 so no-one is left behind

Our programmes and projects | Our vital initiatives

- Create a pandemic preparedness team
- Continue to deliver the vaccination programme
- Remobilise key health protection services
- Transform our infectious disease intelligence systems
- Mainstream our COVID-19 response
- Continue our data and digital transformation
- Underpin the creation of the National Care Service with data
- Support decision-making on health and social care with better demand modelling
- Deliver more national support for local action on health
- Deliver an impactful mental health offer
- Get evidence and data into action on child poverty
- Reducing cancer deaths
- Reducing drugs, alcohol and tobacco deaths
- Support public sector anchor institutions
- Improve health via the justice system
- Support creating a wellbeing economy
- Be an exemplar anchor institution
- Get the right systems, structures and processes
- Create an innovation hub to drive our transformation

3. Impact on outcomes: how we want to shape Scotland

Improving life expectancy and reducing health inequalities in Scotland will require action across the country by many organisations and individuals - both locally and nationally. As Scotland's national public health body, we are at the heart of that effort. Our role is to lead and support work across Scotland to prevent disease, prolong life and promote health.

This section sets out our top priorities for leading and supporting Scotland-wide efforts to change important health outcomes.

3.1 Prevent disease

Established at the start of the COVID-19 pandemic, we will continue to play a vital role in protecting Scotland from health harms.

By March 2025 we will work closely with our partners to see:

- Fewer people losing health to infectious and non-communicable diseases and hazards – especially Hep C, HIV and tuberculosis
- Fewer people – especially in our most deprived communities – getting vaccine preventable diseases like COVID-19
- Scotland ready for future pandemics

3.1.1 Infectious and non-communicable disease

Infectious and non-communicable diseases are a major cause of health-harm. Sometimes we forget the significant successes we have had against infectious and non-communicable diseases linked to our environment. We cannot take these advances for granted.

The COVID-19 pandemic has illustrated the importance of keeping up to date the disease intelligence systems - the IT and data infrastructure that underpin our systems and processes of outbreak and disease control - that we rely on.

Action

In the next three years we will prioritise strengthening the IT and data infrastructure that has proven so vital to our COVID-19 response. We will do this by developing and implementing a **Scottish infectious disease intelligence strategy** to:

- Monitor known pathogens in a flexible and scalable way
- Identify and provide early warning for emerging pathogens
- Integrate the analysis and communication of genomic epidemic intelligence to inform responses to pathogens
- Accessible and timely data and intelligence to inform decision-making

Milestones

In 2022/23, we will:

- Establish a project team and define the solution and user needs
- Develop and approve a business case
- Agree and appoint developer

In 2023/24, we will implement the solution, going live by March 2024.

In 2024/25, we will move to normal operation, implementing routine training and maintenance.

Our impact

Key measures of our impact will include:

- The availability of surveillance data on emerging pathogens that we can provide to stakeholders in close to real time.
- Reduced effort in data collection by reducing the number of data collection systems
- Better user experience than the current systems

3.1.2 Vaccine-preventable disease

COVID-19 has heightened the public's awareness of vaccines and their contribution to public health. One estimate is that COVID-19 vaccines prevented **27,656 people from dying** in Scotland between December 2020 and November 2021.

We no longer even attempt to count the number of people saved by vaccines for other diseases. Diseases like smallpox, polio and the measles are no longer the threats they used to be. Relative to their effectiveness, vaccines are also cheap.

People in our poorest neighbourhoods die younger than people living elsewhere. There are also differences in health linked to ethnicity. It is vital everyone enjoys the benefits of vaccines, no matter where they live or their ethnicity.

From April 2023, Public Health Scotland will lead the **Scottish Vaccine and Immunisation Programme** (SVIP). We currently provide clinical leadership and governance, evidence to inform policy, vaccine confidence and consent information, communications and marketing support, workforce education, evaluation and data analysis.

We are currently working with the Scottish Government to consider the scope of the SVIP. We do not yet know what the future looks like, but over the next three years we expect to continue improving the ways we deliver this essential programme.

Milestones

In 2022/23 we will:

- Work closely with the Scottish Government and partners to agree the scope of the SVIP
- Implement staffing arrangements as part of transition plan for SVIP
- Complete planning for the delivery of the autumn/winter vaccination programmes
- Lead the roll out of changes to existing immunisation programmes (e.g. shingles) and the start of a new respiratory syncytial virus programme

In 2023/24 we will:

- Assume the leadership of the SVIP
- Improve the IT and data collection systems supporting the programme
- Lead the transition to new schedules and vaccine products for measles, mumps and rubella, hepatitis B and varicella

In 2024/25 we will:

- Manage the linkage of data on immunisations across Public Health Scotland to offer new insights

Our impact

Key measures of our impact will include:

- Vaccine uptake for each vaccination programme. We will measure this overall and segmented by ethnicity and deprivation.
- Reduced rates of mobility and mortality in the Scottish population from vaccine-preventable diseases

3.1.3 Scotland ready for future pandemics

Pandemic preparedness saves lives. After the swine flu pandemic, we initiated the Early Assessment of Vaccine and anti-viral Effectiveness (EAVE) II collaboration in anticipation of a future pandemic. As a result, throughout the COVID-19 pandemic, EAVE II has given the scientists, policy makers and clinicians world-first insight into the real-world effects of COVID-19 vaccines, the impact of COVID-19 on pregnancy and the health harms caused by different variants, like omicron.

Action

As we move into a new phase of our COVID-19 response, it is time to start preparing for future pandemics. To do this we will establish a pandemic preparedness team. We will develop the NHS Scotland Whole Genome Sequencing Service into a national resource of pathogen genomics. This will identify, analyse and investigate existing and emerging threats. We will develop Scotland's laboratory services ready to meet future challenges. We will also complete a pandemic preparedness risk assessment and create pandemic preparedness plan, among other actions.

Milestones

In 2022/23, we will

- Establish a pandemic preparedness team
- Work with the Scottish Government and partners to capitalise on the success of Whole Genome Sequencing (WGS)
- Develop a Public Health Scotland pandemic response plan

- Undertake risk and capability assessment
- Develop Training and Exercising Programme
- Develop and implement a communications strategy for the programme

In 2023/24, we will:

- Review and enhance surveillance opportunities and situational awareness
- Embed surveillance and situational awareness internally and with partners
- Develop staff/maintain skills training and exercises annually
- Review capability and implement improvements
- Implement recommendations from Lessons Learned programmes

In 2024/25, we will:

- Review and update pandemic plan and risk assessments
- Refresh and renew training and exercising programme

Our impact

Measuring the impact of work to prevent and reduce the harm of an as yet unknown pandemic is challenging. The key indicator of our success will be completion of the actions set out above.

3.2 Prolong healthy life

We want to see as much ill-health prevented as possible. However, not all diseases can be prevented. In these cases, we work with others to make sure people get access to high quality healthcare.

As stewards of Scotland's healthcare data, we provide vital insight into the performance of health and social care services – insight that drives and informs improvement.

Our data plays an important role in delivering the Care and Wellbeing Portfolio, including especially those related to unscheduled care, scheduled care, preventive and proactive care, and place and wellbeing.

By March 2025, we want to see:

- Fewer people dying from drug, alcohol and tobacco use
- Fewer people dying from cancer - including cancers which cannot otherwise be prevented
- More people satisfied with the quality of public services

3.2.1 Drugs, alcohol and tobacco

In 2021, 1,330 people died from **drug-related deaths**. That is nine fewer than the previous year but still one of the largest numbers ever recorded. Drug-related deaths have been increasing since 1996 but since 2013 the upward trend has been steeper. In the same year, 1,190 people died **alcohol-specific deaths** - up 16% on 2019. The rates of both alcohol-specific and drugs-related deaths are much higher in our most deprived communities compared to our least deprived ones.

In 2018 - the last year for which we have data - an estimated 9,360 people **died from smoking-related causes**. One in five men in Scotland smoked cigarettes - although this is not evenly spread across the population. **In our poorest neighbourhoods as**

many as one in three men smoke. Since smoking is so harmful, causing a range of illnesses, this is an important and preventable cause of health inequalities.

Action

In 2021/22 we increased the tempo of data reporting on drugs deaths. This has made driving improvement much more feasible. We developed Medical Assisted Treatment (MAT) standards for people who use drugs. These define the best approach to treatment based on current evidence. We also worked with local partners, national agencies and people with lived and living experience to create a Rapid Action Drug Alerts and Response (RADAR) early warning system to spot issues and save lives. RADAR detects risks for people who use substances. It links routinely monitored data from services with alert reports from frontline service providers or people who use substances. We validate, assess and triangulate against other sources to allow us to see when and where a problem is emerging.

In the next three years we will work closely with drug and alcohol partnerships to reduce harm and deaths linked to alcohol and drug use. We will use data to deliver an intelligence-led, proactive approach to reducing these harms.

We will also refresh our approach to tobacco with the goal of avoiding smoking-related harm.

Milestones

In 2022/23 we will:

- Continue to support the embedding of MAT standards for people who use drugs
- Put in place an evaluation framework for residential rehabilitation for drug users
- Publish a drug and alcohol treatment report
- Deliver a dashboard and guidance for responding to drug harm clusters

- Report performance across Scotland against the drugs treatment target
- Re-establish a substance use team covering alcohol, drugs and tobacco
- Support the refresh of the tobacco action plan
- Continue gathering and sharing data on tobacco-related death

In 2023/24 we will:

- Publish a final report for Minimum Unit Pricing (MUP) to inform the Scottish Government's and Scottish Parliament's decisions on the future of MUP and the correct level it should be set at
- Put in place quality assurance standards for MAT standards

In 2024/25 we will:

- Complete the modernisation of processes in place for drug-related death reporting and drug prevalence estimation
- Establish a public health surveillance system for alcohol and drugs

Our impact

Key measures of our impact include:

- The number of people who die drug-related or alcohol-specific deaths. We will monitor change in drugs-related and alcohol-specific deaths in Scotland using the National Records for Scotland statistics on **drugs-related deaths** and **alcohol-specific deaths**. These are published once a year.
- The number of people who die from **causes linked to smoking**.
- The life years lost and disability adjusted life years lost because of alcohol and drugs. This captures the inequalities not only of death caused by alcohol and drugs but also the lasting health harm – most of which is experienced by our most deprived communities.

- The number of users of the drug harms dashboard and their feedback on the engagement and use of the dashboard.
- The number of readers of the drug and alcohol treatment report.
- The number of MAT standards rolled out across Scotland.

3.2.2 Cancer

Cancer is a leading cause of death and ill-health in Scotland. In 2020, 16,184 people in Scotland died because of cancer - that is 306 cancer deaths for every 100,000 people in the country (the mortality rate).

Although many cancers can be prevented, most cannot. Early diagnosis and treatment can improve outcomes and save lives. While Scotland has made steady progress in reducing the rate of cancer deaths over recent years, because COVID-19 caused services to be closed and increased waiting lists, maintaining that continuing rate of improvement will be a challenge. Nevertheless, by March 2025 we want to see the rate of people dying from cancer reduced by 5% to 291 deaths per 100,000 people.

Action

We play a leading role in the cancer community. Using data from across Scotland, we provide insight and intelligence to improve treatment and access to cancer services.

In the next three years, we will focus our efforts on supporting Scotland's cancer services recovery from the impact of the COVID-19 pandemic.

Milestones

In 2022/23 we will:

- Deliver to the overarching Information Governance memorandum of understanding for the key datasets within Cancer Intelligence Platform
- Make the eCASE development available for initial rapid reporting of cancer quality performance indicators
- Deliver radiotherapy data flowing into Public Health Scotland

- Deliver the overarching memorandum of understanding and most of the relevant Appendices for the Screening Intelligence Platform for the adult screening datasets
- Make available a systematic anti-cancer therapy (SACT) national reporting dashboard
- All adult screening data available within the Cancer Intelligence and Screening Intelligence Platforms

In 2023/24 we will:

- Add additional datasets from Primary Care and Palliative/End of Life Care datasets to cancer data platforms
- Establish an informal Scotland Cancer & Adult Screening Programme established, with collaboration with local, regional and national analysts working together using the CIP and SciP

Our impact

Key measures of our impact include:

- The number of people dying each year from cancer and the population mortality rate for cancer. We want to see the risk of dying from cancer reduce by 1% each year and 5% lower in 2025 from the 2020 baseline. Public Health Scotland produces official statistics on the **number of cancer deaths** in Scotland each year.
- The number of users of the Cancer Information Portal and Scottish Cancer Intelligence Portal.

3.2.3 Quality of services

While health is far more than hospitals, timely access to quality healthcare services is a vital building block for health. Many conditions can be prevented, but many others cannot. Prompt access to quality treatment is vital for preventing avoidable health harms.

The quality of public services, as **measured** by public satisfaction with public services, is lower now than it was a decade ago. **Perceived** quality of care experience in the NHS has also declined since 2009-10. People living in the wealthiest neighbourhoods were more positive about their care experience than their poorer neighbours.

Getting people the care they need within resource constraints is a challenging task. Managing the flow of people through the healthcare and social care system is complex. Issues in one part of the system can have repercussions elsewhere, on occasions, these can stop people getting timely access to treatment.

Our action on the quality of services has two aspects: work with the National Care Service and on Whole System Modelling. This is a key part of our contribution to preventive and proactive care, scheduled care and unscheduled care programmes in the Care and Wellbeing Portfolio.

3.2.3.1 National Care Service

The Scottish Government is creating a National Care Service (NSC) for Scotland. Given the important role of social care in the lives of communities and its opportunity to shape health, working closely with the Scottish Government on its creation is a priority for us.

We will contribute to the creation of the NCS in four ways:

1. Data Services - enabling the NCS to effectively reduce health inequalities, informed and monitored by accurate, up-to-date and complete data.

2. Partnership Support - equipping the NCS to deliver a whole systems approach via the adequate support of a network of partners.
3. Policy Advice - ensuring that NCS services are based on evidence informed early and preventative interventions.
4. Programme Support - supporting NCS to deliver services that are successful in improving public health by reducing health inequalities.

Milestones

In 2022/23, we will:

- Draw together research on the evidence (including international evidence) for (a) how the NCS can prevent ill-health or intervene early, (b) support healthy aging, (c) improve wellbeing and individual care and (d) enhance learning on creating new models of social care
- Map the current social care data and digital landscape
- Bring together local authority, third sector and NHS representatives via COSLA and others to inform public health advice on the NCS
- Work closely with Scottish Government to create a new dataset to aid planning, design, delivery and evaluation of the NCS
- Create an impact assessment toolkit for social care delivery modelling

In 2023/24, we will:

- Facilitate the linking of data across multiple sources and ensure compliance with data protection requirements by creating a set of 'data protocols'

3.2.3.2 Whole System Modelling

In Public Health Scotland we have been developing our data modelling to draw data from across the whole health and social care system. This gives national, regional

and local leaders and services planners insight into which parts of the system have capacity or are under pressure.

Our work on whole system modelling (WSM) is world-leading and is enabled by Scotland's healthcare data infrastructure. It has offered insight during the peaks and troughs of healthcare and social care demand throughout the pandemic. In the next three years we want to scale up this work to provide new insights and to enable Scotland to plan its health and social care services as a single service.

Milestones

In 2022/23 we will:

- Scale up our resources to deliver the programme – workforce in Public Health Scotland, NHS National Services Scotland, and third party support (to be procured)
- Engage with health and social care partnerships (HSCPs) on social care modelling
- Develop assumptions and modelling for social care (with HSCPs)
- Complete a review of other modelling services in Public Health Scotland and incorporate them within WSM approach
- Develop and deliver an online dashboard for recovery plan modelling

In 2023/24 we will:

- Continue the refinement of models, building in new data streams, including primary care and social care
- In 2024/25 we will have established a fully sustainable service within Public Health Scotland with appropriately skilled workforce

Our impact

It is challenging to measure the quality of health and social care services. These key measures will together act as proxy measures for the quality of these public services:

- Public satisfaction with public services. The National Performance Framework measures the quality of public services through the Scottish Household Survey. Respondents are asked to rate the quality of all public services. This data is reported once a year.
- The proportion of adults over 55 who describe their health as 'good' or 'very good'. Although services are used by the whole population, health and social care services are used most by people later in their lives. We will work closely with services to make sure they take every opportunity to help their users live the healthiest lives possible.
- The number of people whose discharge from hospital to social care was delayed by lack of timely access to onward care and support.
- The number of users of our WSM tools and feedback from them
- Feedback on our contribution to the creation of the NCS

3.3 Promote health and wellbeing

Health and wellbeing goes far beyond hospitals and GP practices. Realising our ambition for Scotland's life expectancy means looking beyond the NHS and primary care.

The building blocks of health include having the best start in life, fair income, living in housing and a neighbourhood that promotes rather than harms your health. As noted by **The Promise**:

When a family lacks financial resources, when they face sub-standard service provision, when the streets they walk are less safe than in other parts of town, when homes are cramped and when keeping food on the table is a struggle, meeting all the needs of a child can be challenging... Persistent poverty and intergenerational interaction with the 'care system' has created intergenerational trauma. Scotland must break that cycle.

Our work to promote health in Scotland by reducing child poverty, improving neighbourhood, improving mental wellbeing and reducing income inequality play a vital part - but only one element - of Public Health Scotland's contribution to **#keepthepromise**.

Fundamental to our approach in this section is a focus on factors that cut across Scotland, and which drive health and wellbeing. These include inequality, discrimination and violence against women and girls. In each of these, we want to see a shift from focusing just on the provision of services towards prevention, eliminating inequality, stopping discrimination, and ending violence against women and girls.

This work is our leading contribution to the place and wellbeing programme in the Scottish Government's Care and Wellbeing Portfolio.

By March 2025, we want to help improve outcomes for:

- Children living in poverty

- People describing their neighbourhoods as a ‘very good’ place to live
- Mental wellbeing
- Income inequalities

3.3.1 Child poverty

One in four children in Scotland lives in poverty.

Early life experiences shape us for much of the rest of our lives. Children who are overweight or obese are more likely to become adults who are overweight or obese.

On top of this, poverty has a lasting, damaging impact on the future life chances of children and also intensifies inequalities. Fewer children in our poorest neighbourhoods have a healthy weight than in our wealthiest. Adverse childhood experiences (ACE) also have a significant impact on the educational experience and attainment of many children growing up in Scotland.

For the same reason, actions taken to give children the best start in life has a benefit through an individuals’ whole life.

Action

COVID-19 and the infection control measures that have been implemented to suppress the virus have had a significant impact on the lives of children, young people and families in Scotland. New and emerging evidence shows that children have been adversely affected by the pandemic in a variety of ways and that, as a result, services may need to adjust to cope with the post pandemic reality of many children. Those most effected are those living in poverty or on the edge of poverty. We have a key role in working with partners across the public sector to turn the findings from data, intelligence and evidence into action that improves the lives of those children most affected.

We will work closely with the Scottish Government in delivering the ambitions of the **Best Start, Bright Futures** delivery plan.

Milestones

In 2022/23 we will:

- Enhance our child poverty programme, setting out clear actions and monitoring plans, taking account of the Child Poverty Action plan 2022-2026
- Work with partners to produce a dashboard/composite reporting on children's issues to inform actions to improve children's lives and ensure that this is used to inform changes, through existing national groups and our new LPHiT programme.
- Utilise existing and emerging data and intelligence available on the impact of COVID-19 on children and young people e.g. COVID Early Years Resilience and Impact Study (CEYRIS) to identify and prioritise areas of public health concern for action

In 2023/24 we will:

- Continue to track, monitor and report on progress, working closely with local, regional and national partners based on the model established in 2022/23.
- Established an embedded approach which effectively applies public health evidence and data across local areas to help to inform and drive improvements.

In 2024/25 we will

- Review the approach and progress, and make any changes as necessary
- Continue to deliver an enhanced support offer to all partnerships to reduce child poverty.

Our impact

We share the measures and **targets** set out in the **Child Poverty (Scotland) Act 2017**. Each are reported by the Scottish Government each year in the annual update report. They are the proportion of children living:

- In relative poverty (target: less than 10% by 2030)
- In absolute poverty (target: less than 5% by 2030)
- With combined low income and material deprivation (target: less than 5% by 2030)
- In persistent poverty (target: less than 5% by 2030)

Clear impact measures for each area of priority action will be identified as this work develops ensuring links to national and local indicators.

3.3.2 Neighbourhoods

Where we live shapes our health. Whether somewhere nurtures good health or contributes to poor health depends upon how a variety of factors come together to affect the people and communities within it. These relate to:

- the buildings, streets, public spaces and natural spaces that make up the physical environment of neighbourhoods.
- the relationships, social contacts and support networks that make up the social environment of neighbourhoods.

For example, we know that people in our poorest neighbourhoods die ten years before those in the wealthiest. The burden of ill-health in those communities is three time higher for heart disease and twice as high for strokes and diabetes. We also see that takeaways and shops selling alcohol and tobacco are often more concentrated in poorer neighbourhoods, whereas access to green space is more limited. Addressing these spacial and commercial factors will play an important part in addressing health inequalities. Neighbourhood design is a vital way both to support Scotland achieve net zero carbon emissions and mitigate the adverse health impacts of climate change.

Since where we live is so important, action to improve health in Scotland differs by community and neighbourhood. We need to factor in the different needs of, for

example, rural and urban communities. We cannot assume that what works in East Dunbartonshire will be right for the Western Isles.

Action

Through our newly established Local Public Health Improvement Team (LPHiT) we will co-ordinate and manage a public health support hub tailored to community planning partners and local authorities. The aim of the programme is to support community planning partners' and local authorities' contribution to national public health priorities and to also help tackle specific locally determined priorities (such as community wealth building and child poverty).

Milestones

In 2022/23 we will:

- Have established programme resources, governance and oversight
- Put in place the main staff team
- Scoped out our core offer and start implementing
- Work with a small number of pilot sites to develop and refine the core offer
- Learn lessons from the pilot sites and finalise a core offer to roll out to all Community Planning Partnerships (CPPs) and Local Authorities (LAs)

In 2023/24 we will:

- Deliver at least one core service to every CPPs and Local Authority
- Start to pilot our wider public health offer

In 2024/25 we will:

- Deliver our full range of public health support and expertise to all CPPs and local authorities

Our impact

Key measures of our impact include:

- The proportion of people who say their neighbourhood is a “very good” place to live. Rather than telling people what a very good neighbourhood looks like, we want to be led by people and communities to create neighbourhoods that work for them, promoting their health. Therefore, we want to see 60% of people or more describing their neighbourhoods as a “very good” place to live. This National Performance Framework indicator is measured and reported through the Scottish Household Survey.
- The number of CPPs and local authorities our LPHiT is working with on its core and wider public health offer.
- The perceptions of the stakeholders working with our LPHiT on the usefulness, timeliness and impact of their work.

3.3.3 Mental wellbeing

In 2019 around one in 10 people in Scotland had **symptoms** of depression. More than one in ten had symptoms of anxiety. In 2020, 805 people **died** by suicide - a similar number to 2019. People living in our poorest neighbourhoods are much more likely to die by suicide than those in the wealthiest neighbourhoods - the suicide rate in these areas is three times higher.

Overall mental wellbeing has been **relatively consistent** in Scotland over recent years.

Action

We will reshape our mental health work over the next few years. We will take a public health approach to promote good mental wellbeing, prevent mental ill health and reduce inequalities. This will involve

- Increased focus on prevention to tackle the source determinants for poor mental health, whilst balancing this with work committed to promoting good mental wellbeing
- Taking a life course (from birth to death) approach to consider specific prevention at critical stages of life
- Wider consideration of communities, both socially and geographically, to understand their specific priorities
- All programmes of work being data-driven and having a clear evidence-base to justify their purpose

Milestones

In 2022/23 we will:

- Establish new portfolios (Developing Well, Living Well, Working Well and Aging Well).

- Align our current work to new portfolios.
- Establish programme governance.
- Scope new prevention-focused programmes, establish evidence-bases, project plans and resources built around them.

In 2023/24 we will:

- Further increase in prevention and community-based programmes in each portfolio area

In 2024/25 we will:

- The majority of the Public Mental Health programmes of work will be prevention focused

Our impact

Scotland measures mental wellbeing using the Warwick-Edinburgh Mental Wellbeing Score (WEMWBS) - it is an important **indicator** in Scotland's national performance framework. This measure has been broadly static since we started measuring it in 2006. It is reported in the **Scottish Health Survey** each year.

We will also track the reduced prevalence of common mental health conditions, also reported through the Scottish Health Survey, and the number of deaths by probable suicide, reported each year by National Records for Scotland.

We will establish further impact measures as part of programme set up.

3.3.4 Income inequalities

People in our poorest neighbourhoods die younger than those in the wealthiest. The burden of ill-health and deaths linked to preventable diseases like heart disease, stroke and diabetes are much higher in our poorest communities. Having a low income makes it harder to afford quality housing and a nutritious diet. Constantly worrying about making ends meet puts an increased strain on people's mental health. Improving people's incomes reduces this strain and helps them take action to improve their health, reducing the health lost to conditions like lung cancer, heart disease and diabetes. The poorest areas are often the worst effected by climate change.

Action

We will enable our partners to develop policy that will create a fair and inclusive economy of a scale and scope that will deliver population change. There are three elements to our work on this.

Foundational work to identify what intelligence, insights and monitoring are needed and co-productively with local and national partners, to allow partners to develop policy that will deliver an inclusive and fair economy and develop the necessary resources are two elements

Influencing and Supporting Regional Economies and Local Systems, by providing advice and support to regional economic partnerships and local systems on how their decisions and services can help improve population health and reduce health inequalities, and develop, and build on, existing approaches to improve the impact of employment on health and inequalities--is a third.

Milestones

In 2022/23 we will:

- Develop briefings that are made available to our local partners on labour market policy, plural ownership (a pillar of community wealth building (CWB)) and on the relationship between economic activity and population health.
- Report on learning from year one of the Public Health Scotland/Glasgow City Region Collaboration.
- Develop and share position statements on what works to deliver a wellbeing economy.
- Identify and initiate discrete pieces of work with up to 2 additional regional economic partnerships.
- Co-develop metrics for community wealth building for local partners.
- Support and deliver discrete pieces of work with the previously identified additional regional economic partnerships and report on learning.

In 2023/24 we will:

- Have a better understanding of how the scale and scope of the Wellbeing Economy policy response relates to the population need.
- Have reviewed learning from work with regional economic partnerships and developed a capacity building programme to roll out the approach.

In 2024/25 we will:

- Developed outcome measures used to inform economic policy and measure impact which will include health and wellbeing metrics.
- Be able to model the impact of different approaches to key policies (e.g. housing retrofit, social care delivery) on key population outcomes (e.g. inequalities, inclusive economy and carbon emissions).
- We have an established model for supporting regional economic partnerships and a capacity building programme to support this work.

Our impact

We want to see the differences in income reduced. We will measure this using the Palma ratio – the income inequality **indicator** in Scotland's national performance framework. This divides the richest 10% of the population's share of net household income by that of the poorest 40%. The findings are **published** by the Scottish Government yearly.

4. Objectives for Public Health Scotland: how we will change

As well as specific contribution to these outcomes for Scotland, there are things we need to do across Public Health Scotland to deliver change for Scotland. Between now and 2025, we have set five objectives that the whole organisation will contribute towards.

4.1 Be the go-to source of public health data and intelligence

Rarely has public health data and intelligence been so publicly available and has informed policy decisions so prominently as during the COVID-19 pandemic. To deliver a world-class public health system, for a Scotland where everybody thrives, we will maximise the power of digital and data to empower individuals, communities, partners and our staff. **Digital technologies** can help us connect and collaborate with communities and partners, leading to better population health. Improved outcomes are our goal and digital technologies have an exciting and critical role to play. Digital solutions can also help us to evaluate and improve our impact. By **innovating**, we can get more for the public from the resources we have.

Action

In the next three years, we will build on the work of our Digital Strategy. We will set firm foundations, keep our ambition to be bold and **innovative** and continue to explore digital ‘game changing’ actions. To be confident we will make a difference the digital strategy has four outward-looking priorities: engaging and empowering the public; creating actionable insight across the public health system; leading digital collaboration across the public health system; and accelerating digital innovation for the public health system.

On top of this, we will also deliver an integrated digital customer journey. We will make it easy for our users to find what they are looking for and engage more

efficiently with us. Central to this will be www.publichealthscotland.scot. We will rationalise and reduce the number of separate digital channel services we have.

Milestones

In 2022/23, we will:

- Complete our work on demand and asset management
- Modernise our social care data – and develop a minimum data set for the National Care Service
- Modernise our primary care data – establishing a routine extract of GP activity data
- Consolidate the Public Health Scotland web estate based on user research and iterating based on what our users need from us
- Transition to the new SEAR 2 business intelligence platform

In 2023/24, we will

- Migrate from SPSS (our current main software tool) to R (open source software). In addition, we will support our teams to modernise their ways of working (not simply replicating existing work) and provide training for staff to enable the successful migration to R.

4.2 Put reducing health inequalities at the heart of all we do

We have described programmes of work directly targeting the factors that drive health inequalities like poverty, income inequality and place.

Public bodies can use their scale and influence as purchasers of goods and services, as employers and partners to address some of the drivers of inequalities, achieve net zero targets and contribute to community wealth building locally.

Working with other public bodies to maximise their impact as employers, community wealth builders and on the environment is a major way in which we will contribute to achieving Scotland's climate ambitions.

Action

In the next three years we will support other public bodies to realise their potential as anchor institutions. We will also become an exemplar anchor institution.

Through the discharge of our statutory duties, we are not responsible for any children in the care system. However, as a public body with a remit for the whole of Scotland and the association between care experience, poverty and poor health, we gladly accept responsibilities as a **corporate parent**.

Milestones

In 2022/23 we will:

- Establish a health and social care anchor support programme
- Develop local/regional anchor networks building on existing groups
- Establish capacity building programme at local / regional level
- Co-produce anchor development with local test sites
- Define indicators for Public Health Scotland as an anchor institution
- Recruit up to 10 new young people roles

- Agree on an action plan for sustainable procurement
- Establish an employability programme
- Develop a Public Health Scotland climate emergency and sustainability action plan

In 2023/24 we will:

- Deliver a capacity building programme at local / regional level
- Assess outcomes of test sites
- Share of practice and learning
- Deliver our Meridian Court move – decision-making informed by anchors' factors

In 2024/25 we will

- Complete a mid-term evaluation on progress of anchors and assessment of contribution to community wealth building and inclusive growth at local level.
- Review the impact of the Public Health Scotland climate emergency and sustainability action plan

4.3 Increase our collaboration with local partners to improve the health of communities

As Scotland's national public health body, Public Health Scotland is at the heart of the nation's public health system. One of the ambitions of public health reform was to create a public health system that worked across boundaries.

The building blocks of health include many areas like housing, licensing, spatial planning, social care and employability which sit outside the NHS. Many of these building blocks are the responsibility of local government. As the national body and in line with Scottish Government's ambition for the place and wellbeing programme in the Care and Wellbeing Portfolio, we recognise the need to focus more of our resources on working with local areas.

Action

Earlier in this plan, we set out our ambitious programme to increase the proportion of people in Scotland who feel their neighbourhood is a very good place to live. Central to this is the creation of a Local Public Health Improvement Team (LPHIT).

Our vision for LPHIT is much greater, however. We want to see it working across the topics and domains of public health to create an expanded offer – a route in – to enable local areas to work more effectively with the range of resources and capabilities available from Public Health Scotland. We also want it to be a vital route in to inform national networks. This will help us take an approach that is suited to the needs of individual communities.

Milestones

In 2022/23, we will:

- Put in place a core offer for local partners, trialling it in a number of areas
- All Public Health Scotland's service areas will identify and implement actions to enhance their locally-facing collaboration.

In 2023/24 we will:

- Deliver at least one core service to every CPPs and Local Authority
- Start to pilot our wider public health offer.

In 2024/25 we will:

- Deliver our full range of public health support and expertise to all CPPs and local authorities

4.4 Support Scotland's recovery from COVID-19 so no-one is left behind

Responding to COVID-19 has defined Public Health Scotland's first two years. COVID-19 has cost the lives of thousands of people in Scotland both directly and indirectly. The pandemic and responding to it has affected jobs. Closing schools and other restrictions profoundly affected society. These impacts have not been evenly experienced. People in the poorest areas were more likely to die with COVID-19 than those in the wealthiest areas. People in the lowest-paid and least secure employment were more likely to lose their jobs. Women, in particular, have been affected economically and with increased caring responsibilities. This has affected women's mental health more than men. Intimate partner violence increased too.

In our next three years, we will play a leading role in Scotland adapting to COVID-19.

Action

Responding to the **COVID-19** pandemic has been Public Health Scotland's number one priority since we were established in April 2020. As the pandemic moves into a new phase, so does our response.

We are working closely with the Scottish Government to shape the future of Scotland's response to COVID-19.

Milestones

In 2022/23 we will:

- Define and implement what our long-term COVID-19 response will look like. This will include the ability to step-up and step-down capability to cope with any future surges of the virus.
- Produce a Variant and Mutations (VAM) Plan saying how we will identify new variants and how we will monitor and respond as part of a UK-wide and international effort

- Integrate COVID-19 monitoring alongside seasonal flu monitoring, as appropriate.

Our impact

Key measures of our impact will include:

- The number of people who die because of COVID-19 (either directly or indirectly) each year
- The number of people who are hospitalised with COVID-19
- The outcomes for people who receive antivirals (neutralising monoclonal antibodies or nMAB) for COVID-19
- The proportion of days data is required on COVID-19 for which we successfully provide it
- The number of respiratory data products (both routine and bespoke) which we produce for leaders, policy-makers and clinicians
- The number of National Incident COVID-19 meetings Public Health Scotland staff attend and support

4.5 Equip our people with the systems and structures to deliver for Scotland

We succeed through the talents of our people. Our people are our main resource and greatest asset. The purpose of Public Health Scotland is to bring talented people together to solve Scotland's important public health problems.

Action

We inherited a variety of systems and structures from our legacy bodies. In 2021/22 we put in place a new leadership structure. In the next three years we want to finish the work on our organisational structure and start a cycle of continuously improving our systems to better enable them to deliver.

As an NHS board by statute, many of our systems are nationally-owned by NHS Scotland. These are undergoing a separate review and refresh process led by NHS National Services Scotland on behalf of all of NHS Scotland.

Milestones

In 2022/23 we will:

- Put in place new staffing structures across Public Health Scotland
- Develop a continuous improvement framework
- Complete a first self-assessment against the framework
- Develop directorate improvement plans that integrate with our planning process

In 2023/24 we will:

- Review the effectiveness of our new staffing structure
- Agree whether a third phase of organisational change is required

- Assess and refine our continuous improvement framework

5. Enabling impact

The plans we have set out are ambitious and require us to use our resources differently. This section describes some of the key ways we are realigning or freeing up resource to enable that.

Modernising ways of working and Official Statistics review

We will release £300,000 a year from the middle of 2022/23 by improving the efficiency of how we produce our data and statistics. We will do this by increasing the amount of automation and introducing more modern ways of disseminating data and statistics. We will also review our official statistics, including who is using them and what data they need.

Review of data assets

We will release up to £200,000 a year by the end of 2023/24 by reducing the scale and cost of data collection of data assets which are low impact and low value.

Re-profiling the analyst workforce

We will release £150,000 a year from 2022/23 by changing how we recruit and staff our analyst workforce. We face challenges recruiting data analysts and data scientists. We will therefore re-profile this workforce so we are recruiting more new graduates and develop the newly introduced student internship programme. This will allow us to 'grow our own' analyst workforce.

Estates

We will use the opportunity to change our central Glasgow offices to reduce our estates costs by £146,000 a year from 2024/25. Combined with changes in how we work and our increased capability to work remotely, we believe we can reduce our office costs from the middle of 2023/24. Changing our Glasgow office will include one-off costs, which we expect to absorb any savings in 2023/24.

Health Information Resources

We will save £146,000 a year (plus further efficiencies in staff costs) by 2024/25 by reviewing our health information publications. We have inherited more than 150 health information resources. These require reprinting and staff time to refresh. The evidence supporting the efficacy of some of these legacy publications is limited. For others, their relevance has simply passed.

Programme, Project Management and Administration

We believe that better use of these key professions will mean we do not have to fill all future project management vacancies. We have set a target of achieving at least a £125,000 annual recurring saving from mid-2023/24. By 2025, programme and project management and administrative staff will be more transparently deployed, with resource focused on the highest impact work, and with work being resourced on a consistent basis across the organisation.

Review of modelling services

We will release up to £100,000 a year from 2023/24 by reviewing our modelling services and integrating them more efficiently.

Travel

We believe we can avoid our travel costs returning to pre-pandemic levels. Compared to our legacy bodies' pre-pandemic budgets, this will save us £67,000 a year from 2022/23.

The COVID-19 pandemic has seen a major change in how we work. We are more capable and experienced in working across different locations. As a result, we believe we can avoid 40% of our pre-pandemic travel costs.

Realigning Services

We have started looking at how we use the resource of several of key public health teams.

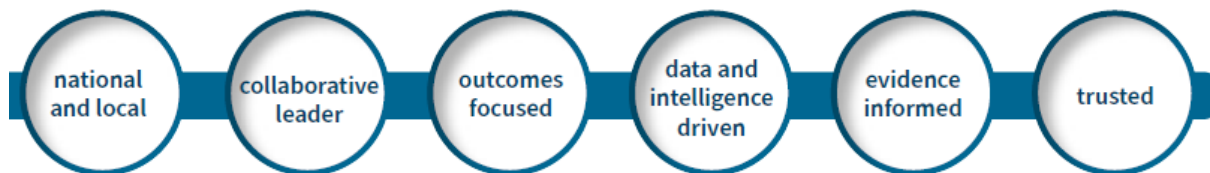
We are reviewing and realigning the whole of the Communities and Local Partners Service to provide comprehensive and equitable public health support to all of our local partners and stakeholders, primarily Community Planning Partnerships, Local Authorities, Health and Social Care Partnerships and GP clusters.

Health and Work Services: this team's work was put on hold at the start of the COVID-19 pandemic. We do not plan to restart it in the same form and we will put the substantial and skilled resource behind it to difference uses.

6. Our role

As a public health organisation, we:

- focus on the health and wellbeing of Scotland's communities
- emphasise preventing disease, prolonging life and promoting
- health and wellbeing so people live longer, happier lives
- support and enable partners to act together



A national and local organisation

As a national body, we will shape and implement national policy to prevent illness and improve health and wellbeing. Recognising the diversity of Scotland's communities, we will work with and support local partners to make an impact for people and communities at a local level. We will support and enable local action by providing specialist services and capabilities that are best done once, nationally.

A collaborative leader

We are Scotland's national public health body. We will support and enable organisations in the public, third and private sectors to join forces and take action. We will work closely with other leaders for the public's health such as the Scottish Government, COSLA and the Scottish Directors of Public Health. Together, we will promote and encourage collective action towards Scotland's outcomes for wellbeing and health and priorities for public health.

An outcomes-focused organisation

We contribute to many of the outcomes in the National Performance Framework. Our main contribution will be to the health outcomes, and specifically the indicators on:

- improving healthy life expectancy
- reducing premature mortality.
- There are avoidable differences for some people in these outcomes. We will seek to reduce inequalities in these outcomes.

A data- and intelligence-driven organisation

We have access to and collaborate on an enormous range of data both on Scotland's health and wellbeing, and on health and social care services. This includes a wealth of data and intelligence vital to helping people access quality services, like our cancer services data.

We will continue to develop and improve the quality and linkages between different sets of data. We will use the full range of data – national and local, quantitative and qualitative – to offer vital intelligence to our partners. This will inform their decisions to improve the health and wellbeing of Scotland's communities.

An evidence-informed organisation

As we have throughout the COVID-19 pandemic - prominently through our collaboration on the EAVE II project - we will provide the best evidence to help inform decisions and spending on services and policies that can affect health and wellbeing. We will generate evidence contributing to the understanding of how to prevent illness and improve health in Scotland, the UK and internationally.

A trusted organisation

As a publisher of official statistics for health in Scotland, we occupy a position of trust. We will make sure our statistics are reliable, high quality and offer public value.

7. How we will work: our values

We need to do things differently, if we are going to be successful in creating a Scotland where everybody thrives.

We will develop the 'how' in partnership. We will be collaborative, innovative, excellent, respectful and work with integrity. The more we embody these values, the more successful we will be as we join with others to improve community health and wellbeing.



Collaborative: working together

We will:

- establish purposeful partnership based on shared outcomes
- pay attention to how we work with others and always seek to be a better collaborator
- work with communities and local, regional and national partners in the public, third and private sectors to improve health and wellbeing locally together
- build relationships based on trust
- work alongside our partners and help them take a 'wellbeing lens' to their work.

Innovative: creating shared solutions

We will:

- quickly seek new ways of working more flexibly and effectively, both internally and with our partners
- lead in the innovative use of data and digital solutions
- support staff to take risks
- be a learning organisation, learning from our mistakes and our successes.

Excellence: making a difference for people and communities

We will:

- be people-centred
- be outcomes-focused
- continually improve how we work.

Respectfully: valuing every contribution

We will:

- put the human rights of the people we serve at the heart of everything we do
- value the contributions and perspectives of others – individuals, people with lived experience, professionals and organisations
- treat others with dignity, showing courtesy and kindness
- recognise diversity locally by responding sensitively to different local communities.

Integrity: doing the right thing the right way

We will:

- deliver what we promise

- be informed by the evidence and data
- have a trusted voice.

8. Glossary

Child Poverty Action plan 2022-2026

Tackling child poverty is the Scottish Government's national mission. The Child Poverty Action Plan sets out the bold and ambitious actions that the government aims to take with partners across Scotland to provide the support families need both immediately and in the medium to longer term—with the goal of delivering sustainable progress towards 2030 targets and delivering their vision for a fairer and more prosperous Scotland.

Child Poverty Bill

In February 2017 the Child Poverty Bill was introduced to the Scottish Parliament. It set out targets to reduce the number of children experiencing the effects of poverty by 2030. The Bill was passed unanimously in the Scottish Parliament in November 2017, receiving Royal Assent in December 2017.

Christie Commission

The Christie Commission in 2011 came about because of the strains on public budgets; rising inequality and the impacts of welfare reform; demand on public services with an ageing population; climate change, a challenging economic climate and the fact that Scotland had the highest mortality rate in Western Europe.

The Christie commission on the future delivery of public services identified the need for public services to work much more closely in partnership, to integrate service provision and to prioritise expenditure on public services which prevent negative outcomes from arising.

Communicable disease

A communicable disease is an illness caused by a virus, bacteria, parasite, fungi or some other disease agent which can be spread from person-to-person.

EAVE II Project (Early Pandemic Evaluation and Enhanced Surveillance of COVID-19)

The EAVE II team have successfully tracked the COVID-19 pandemic in near real-time, as well as the effectiveness of the COVID-19 vaccines, across Scotland. They have done this using a rich dataset of all 5.4 million people registered with a GP in Scotland, around 98% of the Scottish population. This has resulted in impactful findings that have been central to the Scottish and UK governments' responses to the COVID-19 pandemic.

EAVE II is led by world-class researchers at the University of Edinburgh, working in collaboration with the Universities of St. Andrews, Strathclyde, and Aberdeen; Public Health Scotland; and the West of Scotland Specialist Virology Centre. The study is endorsed by the Scottish Government.

eCase

eCase is the case management system designed specifically for the UK public sector and helps with all aspects of managing cases across the UK's public sector, central and local government, arms-length bodies and services like the police and NHS Trusts.

Infectious Diseases

Infectious diseases are disorders caused by organisms — such as bacteria, viruses, fungi or parasites which cause an infection. They are normally harmless or even helpful; however, under certain conditions, some organisms may cause disease. Some but not all infectious diseases can be passed from person to person

LPHiT (local public health improvement team) programme

Public Health Scotland's Localised Working Programme (LWP) has been established to ensure we implements an 'enhanced local offer' across Scotland to ensure the development of stronger local partnerships to support a focus on the public's health.

The LPHiT team will consist of three regional teams acting as the main point of contact for their areas. The majority of the team will work locally, helping to maintain strong links into other PHS teams for support and development to ensure partners have full access to the skills and services from across all of PHS.

MAT Standards

Medication Assisted Treatment Standards are evidence-based standards that enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery oriented systems of care.

New respiratory syncytial virus programme

Public Health Scotland has developed an integrated sentinel community – or primary care – surveillance programme—which aims to establish a network of GP practices and includes all respiratory viruses, including COVID 19 and the syncytial virus.

This work builds upon the previous GP sentinel surveillance scheme in place before the COVID-19 pandemic. We work with NHS boards to:

- collect and analyse clinical data from those with acute respiratory infection symptoms
- gather data from participating GPs through clinician or self-swabbing

Non-Communicable Disease

A non-communicable disease (NCD) is a disease that is not transmissible directly from one person to another. NCDs include Parkinson's disease, autoimmune diseases, strokes, most heart diseases, most cancers, diabetes, chronic kidney disease, osteoarthritis, osteoporosis, Alzheimer's disease, cataracts, and others.

The Promise

The Promise Scotland is responsible for driving the work of change demanded by the findings of the Independent Care Review. It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can #keepThePromise it made to care for infants, children, young people, adults and their families, ensuring that every child grows up loved, safe and respected.

Warwick-Edinburgh Mental Wellbeing Score (WEMWBS)

ales were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The 14-item scale WEMWBS has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible. The scale has been widely used nationally and internationally for monitoring, evaluating projects and programmes and investigating the determinants of mental wellbeing." WEMWBS is suitable for adults aged 16 and above and also for use at a population level in teenagers aged 13 years and over in samples of over 100.