

# **A Scotland Where Everybody Thrives**

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

Publication date: April 2022

## Our vision for Scotland

People in Scotland die younger than the rest of 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.

In Public Health Scotland, we want to see a Scotland where everybody thrives. We want Scotland to have the best life expectancy in Western Europe and to eliminate inequalities in health between communities.

It is a bold and ambitious vision. 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, we have:

- Stopped millions of children being killed or harmed by diseases like polio, smallpox and measles by vaccinating them;
- Averted countless cases of lung cancer and other illnesses caused by tobacco by banning smoking in public places;
- Lifted many out of poverty thereby preventing early deaths, by creating a welfare state;
- Ensured millions get 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 between April 2022 and March 2025 to lead and support Scotland to become the healthiest nation in Western Europe and eliminate health inequalities. 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.

## 1.2 Involvement

It is informed throughout by engagement with our stakeholders, partners and the public. As a public body, all we do relates to the public. This takes a variety of forms. Sometimes it is directly between us and the public - our COVID-19 daily data or our work engaging young people through Young Scot, for example. More often it is through others. Our advice to the public on vaccines reaches the public through [www.nhsinform.scot](http://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**

**1.3.2 For us, success in influencing life expectancy means that Scotland's life expectancy – which has stopped improving in recent years – starts improving again and is the highest – not the lowest – in the UK and Western Europe. 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. Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health, based on how individuals perceive their state of health at the time of completing the annual population survey (APS).Eliminating health inequalities**

Success for us is seeing the difference in healthy life expectancy between Scotland's most and least deprived areas getting smaller. Healthy life expectancy is an indicator in Scotland's national performance framework. NRS also publish healthy life expectancy in Scotland. Unlike life expectancy, which measures how long a baby could expect to live, healthy life expectancy is an estimate of the number of years lived in 'very good' or 'good' general health, based on how individuals perceive their state of health. Deprivation has a large impact on healthy life expectancy.

### **1.3.3 Demonstrating impact**

Achieving our vision of Scotland's health being the best in Western Europe and to eliminate health inequalities is ambitious and impossible in 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. None of these outcomes are in the direct control of Public Health Scotland. Achieving them will require collaboration across public, third and private sectors. In line with the Christie commission's recommendations, this plan is clear about the outcomes for

people in Scotland we will collaborate with others to achieve. Throughout the plan you will also find milestones for and measures of our contribution to achieving these Scotland-wide outcomes.

## 2. Strategy Map

We want to see

### A Scotland where everybody thrives

Our ambition is for

Life expectancy in Scotland to be the best in Western Europe

To eliminate the 10-year difference in life expectancy between the poorest and wealthiest neighbourhoods

We lead and support work in Scotland to

Prevent disease

Prolong healthy life

Promote health and wellbeing

To deliver this ambition, by March 2025, we want to see

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

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

Scotland is ready for future pandemics

Fewer people dying from drug, alcohol and tobacco use

Fewer people dying from cancer

More people satisfied by the quality of public services

Over 70% of people over 55 say their health is 'good' or 'very good'

Fewer children living in poverty

60% of people describing their neighbourhoods as a 'very good' place to live

More people with improved mental wellbeing

Smaller income inequalities

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 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

Support public sector anchor institutions

Deliver impactful justice and health

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 eliminating health inequalities in Scotland will require action across the country by many organisations and individuals, 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 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 2023.



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 in close to real-time to stakeholders
- 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. 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. And relative to their effectiveness, vaccines are also cheap.

People in our poorest neighbourhood 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.

Public Health Scotland partners with the Scottish Government and NHS National Services Scotland in the **Scottish Vaccine and Immunisation Programme (SVIP)**. We provide clinical leadership and governance, evidence to inform policy, vaccine confidence and consent information, communications and markets support, workforce education, evaluation and data analysis.

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

## **Milestones**

In 2022/23 we will:

- Work closely with the Scottish Government and NHS National Services Scotland to agree the future of the SVIP
- Get our immunisation team ready for the future, staffing them sustainably for a future that includes COVID-19 vaccination
- 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:

- 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 morbidity 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
- Develop a Public Health Scotland pandemic response plan
- Undertake risk and capability assessment
- Review and enhance surveillance opportunities and situational awareness
- Develop Training and Exercising Programme
- Develop and implement a communications strategy

In 2023/24, we will:

- 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. But not everything 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.

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 Drug, alcohol and tobacco

In 2020, 1,339 people died from **drug-related deaths**. That is up 5% on the previous year and the largest number 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 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 driver 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.

In the next three years we will work closely with drug and alcohol partnership 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 and avoiding smoking-related harm.

## **Milestones**

In 2022/23 we will:

- Continue to support the embedding of Medical Assisted Treatment (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 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**

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). Cancer is a leading cause of death and ill-health in Scotland.

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.

#### 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) wellbeing and individual care and (d) 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, 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 in aggregate the quality of health and social care services. These key measures will together act as proxy measures:

- 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**:

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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.

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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 in particular 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.

By March 2025, we want to see:

- Fewer children living in poverty
- 60% of people describing their neighbourhoods as a 'very good' place to live
- More people with improved mental wellbeing
- Smaller income inequalities

### **3.3.1 Child poverty**

One in four children in Scotland lives in poverty.

Experiences early in life 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 intensifies inequalities. Fewer children in our poorest neighbourhoods have a healthy weight than in our wealthiest. It also has a significant impact on the educational experience and attainment of many children growing up in Scotland.

For the same reason, action 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 affected 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.

#### **Milestones**

In 2022/23 we will:

- Enhance our child poverty programme, setting out clear actions and monitoring plan, 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, to inform any changes.
- 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 Bill. 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%)
- In absolute poverty (target: less than 5%)
- With combined low income and material deprivation (target: less than 5%)
- In persistent poverty (target: less than 5%)



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 on 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 contact 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 times 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 spatial and commercial factors can play an important part in addressing health inequalities.

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, child poverty).

## **Milestones**

In 2022/23 we will:

- Established programme resource, governance and oversight
- Put in place the main staff team
- Scope 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 finalised a core offer to roll out all CPPs and 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 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 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 established (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.

#### **Action**

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

Foundational work to identify what intelligence, insights and monitoring are needed, 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.

Influencing and Supporting Regional Economies and Local Systems, by provide 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

#### **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 position statements available 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 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%. It is **published** by the Scottish Government.



## 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 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 in 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 has 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](http://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 – develop a minimum data set for the National Care Service
- Modernise our of primary care data – establish 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), including support to teams to modernise their ways of working (not simply replicating existing work), and 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.

### 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.

Although through the discharge of our statutory duties we are not responsible for any children in the care system, 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 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
- Sharing 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, we recognise we 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 rather than a one-size-fits-all.

### **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. 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 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 structure 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
- Plan for the 100+ staff who are on fixed term contracts linked to our COVID-19 response
- 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 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.

Local Intelligence Support Team (LIST): we are realigning the significant resource in this team to become a Local Public Health Improvement Team (LPHiT).

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.