

INVERCLYDE ALLIANCE BOARD

MONDAY 7 OCTOBER 2024 – 1PM

I refer to the agenda for the meeting of the Inverclyde Alliance Board to be held on Monday 7 October 2024 at 1pm and attach an amended version of Agenda Item 8 (Inverclyde Partnership Plan Biannual Progress Report April 2024 to October 2024) and a further report (Agenda Item 14) as undernoted.

UNDERNOTE

14. **Developing a Population Health Framework for Scotland**
Report by Beatrix v. Wissmann, NHS GGC Public Health

Enquiries to – **Lindsay Carrick** - 01475 712114



Inverclyde Alliance

AGENDA ITEM NO: 8

Report To: Inverclyde Alliance Board
Report By: Ruth Binks
Corporate Director
Education, Communities & Organisational
Development, Inverclyde Council
Contact Officer: Morna Rae
Head of Service (OD,
Policy & Communications)
Date: 7 October 2024
Report No:
Contact No: 01475 712055
Subject: Inverclyde Partnership Plan Biannual Progress Report April 2024 to October 2024

1.0 PURPOSE

1.1 The purpose of this report is to provide the Alliance Board with a progress report on the implementation of the Partnership Plan 2023-2033.

2.0 SUMMARY

- 2.1 Inverclyde's Partnership Plan was formally agreed by the Alliance Board on the 13 March 2023. This progress report provides details of the progress that has been made towards the Partnership Plan outcomes during the period April 2024 to October 2024.
- 2.2 Oversight and delivery of the Partnership Plan outcomes sits with the following thematic groups:
- Children's Services Partnership;
 - Thriving Communities;
 - Safe and Supported Communities;
 - Inequalities Partnership;
 - Economic Board; and
 - Place Partnership.
- 2.3 This report provides an update in relation to the newly formed Economy, Place and Tackling Inequalities to Improve People's Lives thematic groups. Progress updates for the past six months have been provided. Each group has drafted action plans and following review and refinement these will be shared with the Alliance.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Alliance Board:
- a. Notes the approach to the thematic group action plans.
 - b. Notes the progress updates.

Ruth Binks
Corporate Director Education, Communities & Organisational Development

4.0 BACKGROUND

- 4.1 Inverclyde’s Partnership Plan 2023-33 was formally agreed by the Alliance Board on the 13 March 2023, with a focus on the themes of Empowered People, Working People, Healthy People and Places, A Supportive Place, and a Thriving Place. These themes are all associated with further high-level outcomes.
- 4.2 The Alliance Board Terms of Reference and proposed delivery structure grouping under the new Partnership Plan were agreed by the Alliance Board on 18 March 2024.
- 4.3 While all delivery groups contribute to the Partnership Plan's five themes, the table below details the primary focus high-level outcomes for the three groups presented in this report.

Partnership Delivery Group	Partnership Plan Linked Outcomes
Tackling Inequalities and Improving People’s Lives	<ul style="list-style-type: none"> • Poverty related gaps are addressed, so young people can have the skills for lifelong learning, life and work. • Gaps in outcomes linked to poverty are reduced. • People live longer and healthier lives. • We recognise where people are affected by trauma and respond in ways that prevent further harm and support recovery. • Increased use of active travel and sustainable transport options.
Economy	<ul style="list-style-type: none"> • More people will be in sustained employment, with fair pay and conditions. • Poverty related gaps are addressed, so young people can have the skills for lifelong learning, life and work. • Businesses are supported and encouraged to reduce their carbon footprint and develop green jobs.
Place	<ul style="list-style-type: none"> • Businesses are supported and encouraged to reduce their carbon footprint and develop green jobs. • Our natural capital is looked after, and we are effectively adapting and mitigating the effects of climate change. • Growth in our working age population by encouraging people to stay here and attracting new people to settle here. • Development of strong community-based services that respond to local need. • Homes are energy efficient and fuel poverty is reduced. • Increased use of active travel and sustainable transport options. • Easy access to attractive and safe public spaces, and high-quality arts and cultural opportunities.

- 4.4 Due to collaboration in multi-agency partnership work across the Community Planning Partnership, reports and action plans from different groups may cover similar ground.

5.0 THEMATIC GROUP UPDATES

5.1 Tackling Inequalities and Improving People's Lives update

The Tackling Inequalities thematic group has oversight of four established multi-agency partnerships who each have separate strategies and action plans. These are the

- Trauma Informed Steering Group – Inverclyde Council is rolling out the National Trauma Transformation Programme (NTTP) in collaboration with partners from the 3rd Sector, Police Scotland and HSCP. The strategic group continues to generate plans and coordinates actions. One example of this was the session delivered to elected members via Man On Inverclyde, Police Scotland and Inverclyde Educational Psychology Service that took place in April 2024.

Future activity includes an interface with Education Scotland to support our education establishments, ongoing training for staff who engage with the public through providing customer care and training for library staff. As well as this there is the ongoing roll out of the programme across agencies.

- Inverclyde Cares – further to their report in June, the group will reconvene under the new Alliance reporting structure and align to the revised priorities and themes. A new action plan will be drafted for the next update in April 2025.
- Financial Inclusion Partnership – a report on the last strategy will be finalised in autumn 2024 and presented for the next update in April 2025.
- Child Poverty Action Group – the Child Poverty Action Plan Report 2024 is now complete and included in Agenda Item 9.

An action plan has been drafted which forms a high-level summary of the development or progress of these four plans. This Action Plan will be reviewed by the group and subsequently shared with the Alliance. Terms of Reference for the group continue to developed.

5.2 Economy update

The Economy thematic group has oversight of three established multi-agency partnerships who each have separate strategies and action plans. These are the

- Local Employability Partnership – The LEP delivery plan is well established and the LEP meets frequently. Progress is being made and partnership approaches are developing and establishing focused on employability as part of a whole system approach to social wellbeing and tackling inequalities.
- Regeneration Forums – Progress is being made on a range of key capital investment programme at regional and community level, with Inverkip City Deal full business case completed. The Economic Growth Plan has been commissioned and targeted completion by end 2024. Shared prosperity funding is progressing to completion by end 24/25 financial year.
- Senior Phase Action Plan – The Senior Phase Action Plan is now in its third year. The priorities this year are:
 1. To continue to improve the overall percentage of young people achieving a positive destination and sustaining this.
 2. Ensure all young people with an additional support need, are care-experienced or have another barrier are appropriately supported to enter a positive and sustained destination.
 3. To raise awareness of employability skills necessary to enter the world of work and different pathways that are available to them.
 4. A governance group oversees the progress of this plan and met on 2 September 2024.
- Locality plans – these plans provide input from other related thematic groups.

An action plan has been developed which forms a high-level summary of the development or progress of these three plans. This Action Plan will be reviewed by the group and subsequently shared with the Alliance. Terms of Reference for the group continue to be developed.

5.3 Place update

The Place thematic group (Place Partnership) has oversight of four distinct and established multi-agency partnerships who each have separate strategies and action plans. These are the

- Net Zero Group - Inverclyde Council's Net Zero Strategy sets out a route map to achieving net zero direct greenhouse gas emissions from its operations by 2045, including an interim 2031 target. The primary focus is reducing emissions from the council's buildings, transport, street lighting, water and waste, before considering options for offsetting emissions that cannot be eliminated.

Working with partners, the subgroup supports the implementation of the Strategy through a series of Action Plans. A detailed progress paper will be provided at the next bi-annual update of the Place thematic group in April 2025.

- Housing Strategy Group - The LHS themed working groups have been established and meeting frequently. Recognition that baseline data and development of networks for delivery of LHS will be critical. Actions set will be reviewed dynamically to ensure they remain fit for purpose.
- Culture and Heritage Group - The Inverclyde Cultural Partnership (ICP) is an established group that continues to meet quarterly. The ICP Action Plan has recently been updated to reflect the thematic approach of the Inverclyde Alliance. Progress against ICP actions will be further supported by a refreshed Arts and Creativity Action Plan and delivery against the Inverclyde Heritage Strategy via the NLHF-funded Connecting Inverclyde Project. Defined ICP actions will be revised and updated as these parallel strands of activity continue.
- Local Development Plan - The LDP is progressing with work underway to develop an Evidence Report. The right to produce Local Place Plans has been publicised, providing communities opportunity to influence quality of place through local democracy. The LDP timeline is established through the Development Plan Scheme.

An action plan has been developed which forms a high-level summary of the development or progress of these four plans. This Action Plan will be reviewed by the group and subsequently shared with the Alliance. Terms of Reference for the group continue to be developed.

6.0 IMPLICATIONS

6.1 Legal: none at present

Finance: none at present

Human Resources: none at present

Equality and Diversity: none at present

Alliance Partnership Plan: The progress updates within this report relate to outcomes within three themes of the Partnership Plan.

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde Alliance Board 13 March 2023 – 08 Inverclyde Alliance Partnership Plan 2023-33
<https://www.inverclyde.gov.uk/assets/attach/15926/08-Inverclyde-Alliance-Partnership-Plan-2023-33.pdf>

Inverclyde Alliance Board 18 March 2024 – 07 Inverclyde Partnership Plan - Delivery of Structure and Terms of Reference <https://www.inverclyde.gov.uk/assets/attach/16972/07-Inverclyde-Partnership-Plan.pdf>

Developing a POPULATION HEALTH FRAMEWORK for Scotland

A paper to support engagement

Autumn 2024

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Background and Purpose of this document

In June 2024, the Cabinet Secretary for Health and Social Care outlined our vision:

*A Scotland where people live longer, healthier and more fulfilling lives.*¹

This vision is supported by four key areas of work: improving population health, a focus on prevention and early intervention, providing quality services, and maximising access.

Making progress towards this vision requires focusing on the Scottish Government's core priorities of eradicating child poverty, growing the economy, tackling the climate emergency, and improving Scotland's public services. These align to the shared priorities of Scottish and Local Government set out in the Verity House Agreement.

To help realise our vision, a Population Health Framework (PHF) is being developed. It deliberately takes a cross-government and cross-sector approach to improve the key building blocks of health and wellbeing. It will be a joint Scottish Government and Convention of Scottish Local Authorities (COSLA) publication and is being developed in collaboration with key system wide partners, including Public Health Scotland and Scotland's Directors of Public Health.

The Framework will set out how the Scottish Government, COSLA, Local Government, the NHS and partners across business, the third sector and communities themselves, can increase the positive effects that social and economic drivers have on population health, mitigate those areas that contribute to negative outcomes and build a Scotland that positively supports health and wellbeing.

This will be complemented by actions which will promote improved health and wellbeing, reduce health harming activities and support more equitable access to health and care.

This document has been developed following engagement and input over the last six months from service delivery professionals, people with academic expertise and organisations representing people with lived experience. It builds on the outputs of that work to date, and seeks views and input on scope and content for the final framework. The document will be used as a basis for wider engagement during the coming months with a view to refining thinking before finalising a Population Health Framework for Scotland.

It intentionally does not cover all aspects of population health, all areas that will feature in the final Framework, nor all the priority actions - that will be set out following engagement activity. Considerable work has recently been conducted for a number of policy areas, with current frameworks, strategies and action plans already in place or being developed to progress the agreed actions. The final framework will seek to build upon and integrate this work as part of a coherent plan across a range of areas to address population health challenges.

¹ [Vision for health and social care: Health Secretary speech - gov.scot \(www.gov.scot\)](https://www.gov.scot)

The next steps include input on identifying *how* change can be delivered focusing on what new actions and approaches should be taken, and where existing approaches should be stopped, sustained or delivered in different ways. Key to this will be the views of partners and organisations, including the steps they can take to improve the health of people in Scotland.

Why is a Framework needed?

Good physical and mental health is a basic human right.² Everyone should enjoy the benefits of good physical and mental health, regardless of age, sex, religion, race or ethnicity, disability, sexual orientation, gender identity or migration status. This includes not only the right to health services, but to the wide range of factors that help us to achieve the highest attainable standard of health. In Scotland, the persistence of health inequalities means that the right to health is not experienced equally by everyone.

After decades of improvement, Scotland's health is worsening. Over the past decade Scotland has seen a decline in life expectancy, and a widening of health inequalities. People in Scotland are on average dying younger now than they were ten years ago.³ People living in the most deprived areas experience poor health longer and die younger than people living in the least deprived areas.⁴

The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years⁵. Health and wider societal inequalities, along with an ageing population, will see this increasing burden fall disproportionately on a smaller population of people within our society. An anticipated rise in a range of diseases including cancer, cardiovascular disease, diabetes and neurological conditions⁶ will inevitably place additional pressure on health and care services.

Yet, the reform of health and care services alone will not be enough to stem the current tide of population health challenges in Scotland, as the breadth of factors that impact people's health and wellbeing go far beyond what the health and care system itself can influence. These building blocks of health and wellbeing include good early years and education, fair work and income, access to healthy places and public services, and the ability to lead healthy lifestyles.

The Scottish Government's National Performance Framework sets out a vision for collective wellbeing, with the majority of the National Outcomes directly linked to the health of the population. Given current and forecast challenges, taking action to improve population health is vital to achieving our National Outcomes.

Collective action to improve these outcomes will help to realise the Scottish and Local Governments' shared priorities and strengthen the building blocks of health

² Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) gives everyone the right to the highest attainable standard of physical and mental health.

³ [Life Expectancy in Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

⁴ [Healthy Life Expectancy in Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

⁵ [Scottish Burden of Disease Forecasting Briefing \(scotpho.org.uk\)](https://www.scotpho.org.uk)

⁶ [Scottish Burden of Disease Study - ScotPHO](https://www.scotpho.org.uk)

and wellbeing in the process. Good population health is vital to tackling poverty, to transforming our economy through a just transition to deliver net zero, and to delivering sustainable person-centred public services. It is in everyone's interests to improve population health. It will also help us to meet our international human rights obligations and create a Scotland in which everyone's right to health is protected, respected and fulfilled.

Actions to improve the drivers of health and wellbeing require a coordinated, whole system approach. The Population Health Framework seeks to bring together and join up cross-government and cross-sector preventative action to deliver the whole system response necessary to reverse the decline in life expectancy and reduce health inequalities in Scotland.

We know that change is possible. Actions taken by the Government and wider partners in recent years have made a significant difference. Key areas of progress include the reduction in harm from smoking through concerted action, such as the ban on smoking in public places; improving the oral health of children through the Childsmile programme; reduced deaths and hospital admissions due to the introduction of Minimum Unit Pricing for alcohol; and the continued significant contribution of vaccinations and screening to the prevention and treatment of illness.

One aim of this Framework is to ensure that bold and effective preventative action can take place across Scotland with increased pace and effectiveness, learning from action already taken here and elsewhere.

Process for Developing the Framework

The Scottish Government has been in discussion with COSLA leaders, Public Health Scotland, Directors of Public Health and wider stakeholders about long-term system wide approaches to secure sustained improvement in population health in Scotland.

Extensive engagement has been undertaken with local government, clinicians, NHS professionals, and across central government. These discussions led to an agreement to develop a Framework, rather than a single plan for everything, to ensure that relevant action plans on different areas of population health are flexible and responsive.

The Framework will be for the entire system and be positioned to enable existing and future delivery plans to connect to it. Key to delivering impact under the Framework will be clear, deliverable actions that improve population health.

The Framework is being developed by considering four key 'primary prevention drivers' of health and wellbeing that align with the King's Fund population health pillars⁷ and link to the internationally recognised and established Marmot Review Conceptual Framework.⁸ These frameworks underpin an approach that will only be delivered by clear action that seeks to address population health challenges.

⁷ [A Vision For Population Health | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk)

⁸ [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealththequity.org\)](https://www.instituteofhealththequity.org)

The four drivers of health and wellbeing are:

- **Social and Economic Factors** - including income, early years, education, housing and transport.
- **Places and Communities** - the places that people live and access to key services.
- **Healthy Living** – health promotion, diet, physical activity, smoking, alcohol consumption, purpose and connectedness.
- **Equitable Health and Care** - early intervention and disease prevention.



A number of workshops have been held with public health system leaders, subject experts, and policy leads, to consider the evidence on specific actions that could be taken within each of these four drivers. These workshops were supported by evidence from Public Health Scotland and Directors of Public Health. Consensus statements have been developed for key areas⁹. Together these materials have been used to develop this document.

We are now seeking the wider engagement of stakeholders to support the development of the Framework.

In the following pages we describe the scope, acknowledge the 2018 public health priorities, and set out our ambitions and guiding principles for the Framework. We then go on to describe the four drivers of health and wellbeing in further detail and consider potential areas for action. In the last section we outline a fifth driver focused

⁹ The Consensus Statements have been developed by public health specialists across the Scottish Public Health System on key population health issues – they do not necessarily represent current government policy. Statements are available here: [Improving Scotland's diet and weight - Publications - Public Health Scotland](#) [Policy briefing: alcohol - Publications - Public Health Scotland](#) [Stopping tobacco smoking and youth vaping \(publichealthscotland.scot\)](#)

on *how* the system works to bring greater focus to population health and prevention and how having a shared focus can lead to more effective action.

Scope

The potential scope of a Population Health Framework is far-reaching and the breadth of factors influencing health and wellbeing are extensive. To ensure engagement activities are accessible and support the participation of as many stakeholders as possible, key topics and areas to cover under each driver have been selected for the engagement.

Recent frameworks, strategies and policy commitments have been considered, but are not separately included in this engagement document for further development where there are recent co-developed strategies and delivery plans in place.

For example, there has been considerable work conducted over the last year on mental health and wellbeing policy and delivery in Scotland leading to the publication in June 2023 of the Mental Health and Wellbeing Strategy. This document does not revisit that work. However, mental health is a key feature of the health and wellbeing of Scotland's population and the final Framework will be coherent with existing actions, strategies and interventions that are contributing to improving population mental health.

Similarly, the significant impact the climate and ecological emergency is having and will continue to have on population health, wellbeing and equity is a key driver of long term population health trends. Climate change has been described by the World Health Organisation¹⁰ as “the single biggest health threat facing humanity” and, the way that governments worldwide respond as “the greatest global health opportunity of the 21st century”.

Extensive work is underway across government in response to climate change. The Framework will be an important vehicle through which to drive identified activities and to also agree new actions.

Development of the PHF does not seek to duplicate these efforts. It will, instead, build on the engagement and work of a wide range of existing strategies, ensuring a truly cross-sector approach that reflects the breadth of the building blocks of health, including:

- Revised National Performance Framework and National Outcomes
- Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026
- Keeping the Promise implementation plan (2022)
- Mental Health and Wellbeing Strategy (2023)
- NHS Scotland climate emergency and sustainability strategy: 2022-2026

¹⁰ [Climate change and noncommunicable diseases: connections \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/climate-change-and-noncommunicable-diseases)

Public Health Priorities

In 2018, Scottish Government and COSLA, working with a range of partners and stakeholders, engaged widely across Scotland to develop a set of public health priorities for the whole system. These were:

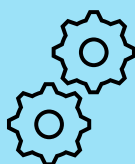
Public health Priorities for Scotland (2018)¹¹

A Scotland where we

- ✓ live in vibrant, healthy and safe places and communities
- ✓ flourish in our early years
- ✓ have good mental wellbeing
- ✓ reduce the use of and harm from alcohol, tobacco and other drugs
- ✓ have a sustainable, inclusive economy with equality of outcomes for all
- ✓ eat well, have a healthy weight and are physically active

As set out above, the development of the Framework is being approached through the lens of four primary drivers of population health. The Population Health Framework is an opportunity to build on the public health priorities in two ways.

Firstly, the criticality of good health protection was demonstrated during our Covid pandemic experience, as was the system change that is needed to deliver a prevention focussed approach. Second, there is an opportunity to use the Framework to bring greater focus to *how* priorities are delivered, setting out what actions and approaches are needed nationally and locally to support change. To this end, these will no longer stand as separate stand alone set of Public Health priorities but will be incorporated into the framework where action is still needed.



How to deliver what works

A common point raised in many discussions is that what works in many areas is already known. There are many examples of success across Scotland – the challenge is to replicate that success more systematically across all areas of the country and for all population groups. The Framework and the action plans that sit under it will not only set priorities for action but be clear on *how* action can build on what is known to deliver real change. This will be a key focus of engagement in the coming months.

Key to delivering population health change in Scotland is partnership between the Scottish Government, Local Government, Public Health Scotland and the public health system delivered across territorial health boards and local authorities. Public

¹¹ [Scotland's public health priorities - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Health Scotland, established in 2020, brings together health protection, health improvement and data and intelligence functions for Scotland. Public Health Scotland's role is to provide a clear vision and strong voice for improving Scotland's health. The public health system in Scotland includes a wide range of public health leadership and delivery through territorial health boards, through the collective leadership of Scotland's Directors of Public Health. To achieve our collective population health aims, that partnership must grow wider to include all public agencies and the third and private sector.

Setting Ambitions

Consideration is being given to setting a single, Scotland level, aim that makes clear our ambition for Scotland's population health in the coming decade and galvanises widespread support and ambition for improvement. Ongoing engagement will include consideration of what an aim might look like for Scotland; what measure(s) would be best to monitor change – and ultimately what measure should be used to consider the impact of the PHF and its delivery on population health.

Measures might include improvements in life expectancy and healthy life expectancy, and closing the current gaps in these measures that exist between most and least deprived communities. We want to identify measures that are bold, ambitious and require collective and determined system wide effort. We must also ensure that they are capable of being delivered, sustained and that experience and learning is drawn on to refine and improve these measures.

Guiding Principles

A key question for engagement is ***what will make this work any different from that which has come before?***

One aspect that engagement suggests will create change is to focus on *how* things are done, not just setting out areas for change but using the Framework to agree how that change can best be delivered.

To achieve this shift, four guiding principles based on extensive evidence are set out that will underpin the actions being developed for the Framework. These are not new, and activity to deliver this will require long term and concerted efforts. But by harnessing a cross-sector approach and focus under these principles, there is a greater prospect of achieving impacts that will improve population health and wellbeing.

Proposed Guiding Principles



Proposed Guiding Principles for the Population Health Framework	
What is prioritised	<p>A shift in the balance from treating ill health to <u>creating and maintaining good health and preventing ill health</u> in the first place.</p> <p>By adopting a primary prevention approach,¹² the Framework will seek to address the building blocks of health and wellbeing to stop health problems occurring in the first place.</p>
Who is the focus	<p>There is a need to <u>actively prioritise those who are most at risk</u> of poor health and wellbeing. Mitigating inequality must become embedded across all activity, including through wider adoption of proportionate universalism.¹³</p> <p>For every building block of health and every health outcome, inequalities exist. Whether it be for those living in more deprived areas, with different equality characteristics, with experience of care, or living in prison. The framework will take a more systematic approach to ensure that, for every driver, action and outcome, we know what inequalities exist and the steps to mitigate and to reduce them are embedded.</p>
Where change takes place	<p>There is a need to <u>focus on the system and environment rather than placing all responsibility on individuals for their own health</u>. Evidence shows that much of an individual’s health and health forming behaviours and actions are determined by their circumstances, wider influences and environments.</p> <p>At the same time, we must encourage and enable individuals, who have the capacity and the resources, to make positive choices that support their health and that of their family. This requires sustained action on alcohol, smoking, drugs, diet and physical activity to improve health and reduce the prevalence of</p>

¹² Public health approach to prevention - Public Health Scotland

¹³ Chapter 3: Health inequalities: Turning the Tide - Realistic Medicine - Doing the right thing: Chief Medical Officer annual report 2022 to 2023

	preventable disease such as cardiovascular disease, diabetes and some cancers.
Who delivers change	<p>There is a need to shift the balance from expecting the health sector alone to determine Scotland's health and wellbeing and recognise that population health is significantly driven by <u>non-health policies and sectors</u>.</p> <p>Collective action across government (local, national) and sectors (public, private, community/ voluntary) is required to strengthen the building blocks of health and in turn improve health and wellbeing outcomes.</p>

The remainder of this document discusses the five drivers of population health and sets out some of the initial proposed actions we will take for each, based on engagement to date. This is followed by a number of overarching questions that partners will be discussing with stakeholders in the coming months to help inform the final Population Health Framework.

Primary Driver 1 – Social and Economic Factors

Good health is essential for creating a flourishing society. It helps people have a positive family and community life and enables them to contribute to wider society. A healthy population also has positive impacts on the economy.

Healthier children achieve better educational outcomes, leading to increased productivity in adulthood. A healthy working-age population contributes to economic prosperity by being more engaged and productive. Conversely, unemployment and insecure work have negative effects on mental health, and poor working environments are associated with a greater risk of developing depression, anxiety and work-related stress.

To create a society where everybody can thrive, all of the right building blocks need to be in place: good, secure and fairly paid jobs, quality affordable housing, accessible and affordable transport and good education. For some, these building blocks of health are missing or the connections between them (e.g. between health and housing, education and employment) are not as strong or effective as needed.

Improving the building blocks of health and connections across sectors will not only improve our health but also demonstrate our commitment towards meeting our international human rights obligations.¹⁴

Children and Young People

Ensuring children's and young people's health and wellbeing is optimised, through preventative and early intervention, will positively affect the future health of the adult population. Getting it right in the early years and throughout adolescence is crucial to delivering long term population health¹⁵.

Tackling poverty, particularly child poverty, is one of the priorities agreed by the Scottish Government and COSLA as part of the Verity House Agreement. The collective actions described in the Tackling Child Poverty Delivery Plan for 2022-26 (Best Start, Bright Futures) will have a positive impact on children's health and wellbeing. Our commitments to Keep the Promise for care experienced children, young people and their families - ensuring every child in Scotland grows up loved, safe and respected so that they realise their full potential – will also positively impact on health.

The Tackling Child Poverty Delivery Plan sets out a commitment to work collaboratively with partners to ensure that the child poverty support system works for the people who need it most. The Dundee and Glasgow child poverty pathfinders

¹⁴ These include to the highest attainable standards of health but also to work (Article 6 ICESCR) and enjoy just and favourable conditions of work (Article 7 ICESCR), to an adequate standard of living including food, clothing and housing (Article 11) and to education (Article 13).

¹⁵ And to meeting our obligations under the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 including the right of the child to the enjoyment of the highest attainable standard of health.

are examples of this collaborative work in practice. Child Poverty Pathfinders work with key local and national partners to help families navigate support systems available to them. The Pathfinders also aim to progress system change, shifting to more person-centred services and a 'no wrong door' approach. They take place based approaches, recognising the different challenges experienced by communities across Scotland. They offer a promising avenue for creating more equitable and resilient communities while developing rich learning, which is key to whole system change.

Health partners, in addition to contributions to Pathfinders, are contributing in direct ways to improving childhood outcomes through the Health Visiting service, breastfeeding support and the Family Nurse Partnership, to name a few. The Early Child Development Transformational Change Programme is about strengthening our collective contribution across the whole system to improving early child development in the pre-birth to three period.

Working Age Population

Health and work are inextricably linked, with fair work being a key determinant of good health, and good health being essential to productive work. For too many people, the relationship between their health and work is not a positive one - with health-related absence contributing to Scotland's persistent health and social inequality.

In recent years, economic inactivity has been increasing and is placing increased demands on our public services, including social security payments and reduced tax receipts. It is vital that Scotland invests in creating and widening access to fair work as a building block of our economy and our health.

A system-wide approach is key to creating the right conditions for everyone to enter, remain and progress in good work. The Fair Work Action Plan aims to promote fair and inclusive workplaces across Scotland, tackling gender, disability and racial inequalities which themselves contribute significantly to health inequalities. Delivering good population health requires a system that is more flexible and responsive to the changing labour market, tackles inequalities and grows Scotland's economy.

An action plan is being developed with stakeholders across the public and private sectors, in particular with business and industry, to support clear action to mitigate the increasing effects of ill health on people's ability to work. It will seek, under the auspices of the framework, collaboration across sectors to build healthier and more flexible workplaces that support people to sustain employment, and to give employers the right support to improve health within their workplaces.

We must also recognise the importance of unpaid care in supporting the care needs of our people and in underpinning Scotland's economy, tackling inequalities and enabling participation in the labour market. The actual number of unpaid carers in Scotland is not known but is estimated to be around 700,000 to 800,000 people.

Wellbeing Economy

A wellbeing economy protects the planet and works for people, including future generations, by improving living standards, creating good jobs and purposeful businesses, tackling inequalities and building economic resilience. Designing our economy so that it prioritises these factors will ensure economic growth positively contributes to our collective wellbeing.

The National Strategy for Economic Transformation (NSET) sets out actions to deliver a fairer, greener and growing economy for all Scotland's people and places, and to make Scotland's economy more sustainable and resilient in the longer term.

It has a vision of a Wellbeing Economy, taking a broader view of a successful economy. Our work to build a prosperous, innovative and dynamic economy that promotes the wellbeing of all of our people is reflected in the Wellbeing Economy Monitor, which tracks broader economic outcomes on issues such as healthy life expectancy, mental wellbeing, equality, Fair Work and the environment.

Much has changed since the publication of NSET, fiscally, politically and internationally. In light of these changes, we are currently prioritising actions that will have the greatest impact on Scotland's economy and will accelerate delivery of NSET through the upcoming Programme for Government to meet our central objective – to build a fair, green and growing economy. A thriving economy is essential to supporting our mission to eradicate child poverty, as well as our other priorities of tackling the climate emergency and delivering stronger public services.

There are benefits to public agencies, business and industry to working in partnership to achieve a fair, green and growing economy that supports wellbeing, for example through recruitment and retention of skilled employees, attracting customers and investment, building community relations and long-term stability. The New Deal for Business Group report includes recommendations on businesses' role in the just transition to a net zero, Wellbeing Economy.

In Scotland we are supporting delivery of a wellbeing economy through Community Wealth Building, which emphasises the role of Anchor institutions. These organisations employ local people, direct spend on goods and services locally, and have buildings and land in a local area. Through taking an intentional approach to their employment, estates and procurement policies, Anchor institutions support the retention and recirculation of wealth and assets in their local communities.

NHS Health Boards are an example of Anchor institutions, given their significant economic presence within their local communities across Scotland. All NHS Boards in Scotland have produced Anchors Strategic Plans that set out how each Board will help to address the wider determinants of health, reduce inequality, and transform the lives of people in the communities around them through their activities.

Next Steps

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework.

We will increase the contribution of Scotland's health and care system to eradicating child poverty.

We will develop a Health and Work Action Plan to help tackle economic inactivity within the labour market and support people back into the workplace.

We will work across our Local Authorities, NHS Boards, and other local anchors organisations to harness the full power of community wealth building to mitigate against the economic drivers of health inequalities.

Primary Driver 2 – Places and Communities

The places people live, learn, work, play, care, socialise and interact, the connections they have with others, and the extent to which they feel able to influence the decisions that affect them - all have a significant impact on health and wellbeing. Having well-designed and sustainable communities where people are able to access the amenities and services they need is important.

People in Scotland live in a variety of environments - from cities, medium-sized towns and villages, to large rural areas, coastal communities and islands. Health outcomes differ across our communities and there is variation in the quality of our places and communities across Scotland.

Effective public services, affordable high quality housing, good transport and transport infrastructure, accessible green and blue spaces, and strong social connections are all important building blocks of health. Improving the quality of built and natural environments will in turn improve population health and wellbeing, reduce inequalities and help to build resilient communities. Similarly, as part of broader activity to develop positive communities and individual wellbeing, steps to support access and development of culture, the arts, physical activity and sport are key to building resilient and active communities.

People need to also feel they are fully involved in local decision making and communities need to be at the heart of decisions about their local places and environments. Working in and with communities to understand local need and co-create solutions that draw upon a community's knowledge, assets and resources is essential.

Local Partnership Working

Making changes and improvements to places and communities requires effective partnership working across sectors (public, voluntary and business) and with local communities. Local government plays a pivotal role, as do structures like Community

Planning Partnerships (CPPs), which provide a mechanism by which to drive local partnership working to improve outcomes.

Scotland already has strong, supportive policies and legislation on place based working – Place Principle (2019), Place Standard Tool, Planning (Scotland) Act 2019, National Planning Framework 4 (2023), Community Empowerment (Scotland) Act 2015 and National Standards for Community Empowerment. Together these form a comprehensive and progressive “place toolkit” of policies and supports that encourage greater partnership working.

Yet, the extent to which long term considerations of health and wellbeing are consistently taken into account and balanced against other priorities when decisions are made about places and communities varies. Early engagement with stakeholders highlighted the need for closer collaboration between those who plan, design and build places, those who live in them and those with an interest in improving population health.

Building Healthy Environments

What surrounds us shapes our health. Good homes, transport systems, access to public and nature-rich blue and green spaces and the services and facilities available in communities are all features of the natural and built environments. Together these features contribute to the totality of what constitutes a place.

Scotland has a range of national policies, strategies and resources aimed at creating better places and communities - National Transport Strategy, Housing to 2040, National Play Strategy and Local Living & 20 Minute Neighbourhoods. All of the above policies lie outside the remit of health, but all materially impact health and wellbeing outcomes. Collectively realising the ambitions of these policies to build healthy environments therefore requires a coordinated, cross-government and cross-sector approach.

Delivering improvements in places and communities must also take into consideration the natural environment, including the impacts of climate change.

Communities across Scotland are already experiencing the impacts of the climate and ecological emergency. This includes extreme weather events such as high temperatures, flooding and drought, as well as pollution and nature loss. Action taken within communities to tackle the climate and ecological emergencies represents a significant opportunity to improve human health and wellbeing, planetary health and to reduce inequalities.

However, even if rapid action is taken, some climate changes are locked in. Places and communities will therefore need to adapt to our current and future climate. Significant policy development is already underway to support communities to adapt to the changing climate, as well as meet net zero objectives and adopt a Just Transition approach, which together fit into an overarching framework for the environment.

Health Creating Communities

Community organisations are often better able to effectively engage people who may be furthest from engaging with public services, or who have frequent engagement with services due to their level of need and the challenges in navigating services. Community organisations know the communities they serve, making them well placed to identify their needs and adapt to meet them. However, community organisations need support from the public sector, both locally and nationally, in order to maximise their contribution to improving health and reducing health inequalities.

Health and care services have an important role to play in helping link people to wider community support and services, which can be key to mitigating against some of the wider influences on people's health and wellbeing. Social Prescribing provides a bridge between the NHS, statutory services and the community and voluntary sector, ensuring more people can access non-medical support that benefits their health and wellbeing.

The practice of social prescribing in Scotland has largely grown organically at a local level, supported by national developments in recent years including the establishment of Community Link Worker roles in primary care. The Scottish Government has yet to set out an overarching national policy on the future direction and organisation of social prescribing in Scotland and how this can be supported.

Next Steps

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework.

Place based approaches are important to health and wellbeing. We will work to ensure clear commitments from all local partners are made in Local Outcome Improvement Plans with Community Planning Partnerships accountable for their delivery.

We will work with stakeholders to develop a national approach to social prescribing.

We will work with Community Planning Partnerships to explore how they can support greater focus on population health and preventative actions within local areas – for example by ensuring evaluation of place based approaches is included in local plans with shared collective reporting on partnership impact on local outcomes.

To support the building of healthy environments, Local Anchor organisations contribution to their Local Outcome Improvement Plan should demonstrate their commitment and actions to be taken to use public sector land and assets collectively for health gain.

Primary Driver 3 - Healthy Living

How people live has a significant effect on their health – their physical health, cognitive health and mental health. Engaging in physical activity, living smokefree, eating a varied and healthy diet and drinking less than the Chief Medical Officer alcohol guidelines can support people to live healthy and fulfilling lives; where they are less likely to develop health conditions.

Tackling the drivers that cause health harming behaviours – long-standing inequalities, lack of access to healthy affordable food, lack of access to opportunities to be physically active and the reducing ease of access and affordability of health harming products – is key to delivering a truly preventative approach.

Only by working on a cross-system basis across Scottish Government, local authorities, the voluntary sector and private sector can the drivers of health harming behaviours shift to become health forming.

Reduce attractiveness, availability & affordability of health harming products

Evidence indicates the three aspects that drive consumption of health harming products include how **attractive** a product is, how **available** it is to purchase and how **affordable** it is. The Scottish Government and partners will continue to use this approach to consider how best to reduce the harms caused by consumption of these products, as proposed by the World Health Organization.

It is clear that tobacco products, vapes, alcohol, and poor diet cause significant health harms and at a population level directly contribute to the development of health conditions such as type 2 diabetes, cardiovascular disease and cancer. Much of the forecast increase in disease over the coming decades is expected to be partly attributable to the effects that health harming products have on health.

It is important to recognise the positive role that business and industry plays in providing employment and driving forward thriving local economies, all of which contributes to good population health. As set out above, in recent years the number of people unable to work due to ill health has been increasing, creating a significant issue for employers and business. Steps to reduce the harms caused by health harming products are a key lever to improve population health, and therefore a healthy labour market, which will support businesses to flourish, in turn reducing inequalities.

Through the New Deal for Business (NDfB) the Scottish Government has committed to ensuring it robustly considers the effects of proposed policies on business and undertakes meaningful engagement in determining how to reach set outcomes. This approach, as evidenced by recent extensive engagement with business on Minimum Unit Pricing of alcohol and on HFSS food promotion restrictions, will be vital to ensuring the Scottish Government can deliver a broad range of linked aims across health and the economy.

Enable Healthier Lives

The benefits of healthy eating, physical activity and maintenance of a healthy weight are widely recognised and directly associated with a wide range of health benefits. These are important routes to improving population health. In addition to the benefits at an individual level, making improvements to Scotland's diet, weight and physical activity at a population level is also critical for protecting public services and enabling our economy to thrive and prosper.

On healthy living, the key actions that Scottish Government, Local Government and all sectors can take is to support system wide change to create the conditions that enable and encourage people to increase their levels of physical activity and to have a healthier diet, including supporting improvements to the food environment.

This includes cross-system work to create the conditions for increased uptake in physical activity, and working in partnership to rebalance the food environment. Delivering our new whole system Physical Activity for Health Framework will be key to achieving our vision of a Scotland where more people are more active more often.

Addressing the harm caused by drugs and alcohol

Scotland has one of the highest drug death rates in the developed world and there is evidence that drug deaths have contributed to Scotland's decreasing life expectancy. In 2023, there were 1,172 drug misuse deaths registered in Scotland, an increase of 12% (121 deaths) compared with 2022. Drug misuse deaths are still much more common than they were in the year 2000. After adjusting for age, the rate of drug misuse deaths were 4.2 times as high in 2023 than 2000 (National Records of Scotland).

Alcohol consumption has been identified as a risk factor for over 200 diseases, injuries, and health conditions and is linked to wider social and economic losses. Alcohol specific deaths have seen an increase of 22% in the last two years.

In 2021, the Scottish Government launched the National Mission, which aims to reduce drug deaths and improve lives. Acknowledging that change requires a whole systems approach, we published a Cross-Government Approach in 2023, setting out a number of actions to be taken forward across portfolios. This will help to ensure services deliver joined up, person centred care and includes mental health, justice, housing and violence against women and girls, amongst others.

The National Collaborative seeks to improve how people affected by substance use are involved in decisions concerning the design, delivery and monitoring of services. The vision is to integrate human rights into drug and alcohol policy via a Charter of Rights, leading to better outcomes for people affected by substance use.

One outcome of the National Mission is that children, families and communities affected by substance use are supported. Each year around 500 children under 16 lose a parent to a drug related death. In addition, people who experience harms from using drugs or alcohol often start their substance use at an early age. There is a need

to take a comprehensive approach to support young people to prevent problem substance use in the first place.

Next Steps

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework

We will build on Scotland's record of progressive public health legislation by introducing measures that make it easier to live healthier lives – phasing out the legal sale of tobacco; banning single use vapes and improving our food environment.

We will explore options to support local interventions like licensing to meet their statutory objectives of protecting and improving health.

We will continue to build on the foundations built by the National Mission on Drug Deaths and our work around alcohol treatment and ensure that the work delivered is sustainable into the future in line with wider public health priorities.

Primary Driver 4: Equitable Health and Care

As set out throughout this document, the biggest influences on health are wider socioeconomic determinants. However, the health and care system itself also plays an important role in preventing ill-health. Access to, and quality of, healthcare can have a significant impact on population health.

A health and care system focused on early intervention, health promotion and disease prevention helps people to have good health. We know inequalities existing in access and outcomes across our system. There is a need to ensure easy access to preventative services, screenings, vaccinations and treatment for everyone, with a particular focus on groups who may experience barriers to access.

This is in keeping with our Human Rights obligations - including ensuring adequate health facilities, goods and services to ensure treatment and care. Equitable health and care is also supported by Value-Based Health and Care in Scotland as set out and championed in a series of annual reports by Scotland's Chief Medical Officer. Value Based Health and Care is about delivering person centred care that is not only high in quality but also delivers the outcomes and experiences that really matter to people.

Population level prevention and early detection

The Covid 19 pandemic demonstrated the impact infectious diseases can continue to have on the health of our population. The ongoing threat of infectious disease remains one of the key concurrent threats to Scotland's population health, as described in Scotland's Chief Medical Officer reports. Strong and effective health protection is a critical part of our efforts to improve Scotland's health.

Vaccinations

Second only to clean drinking water, vaccines are one of the most effective public health interventions. Continuing to invest in vaccination as a core part of our preventative public health strategy will be key in the coming years.

Childhood immunisation uptake rates in Scotland have historically been high, with approximately 95% of children receiving most routine immunisations by 12 months of age. However, Public Health Scotland (PHS) has observed a trend of declining baby and pre-school immunisation rates over the past decade, interspersed with a brief increase in rates from April 2020 before subsequently declining once more.

Adult vaccination programmes such as flu, shingles, pneumococcal and COVID-19, contribute to reducing severe illness and mortality for those who are most at-risk, and also play a large part in limiting pressures on our public services.

Uptake data broken down by deprivation and ethnicity for some programmes published by PHS demonstrates inequalities in uptake exist and highlights the importance of having equalities and inclusion at the centre of our vaccination programmes. Combatting “vaccine fatigue” and hesitancy is going to be important as we move forward with our existing programmes and as new vaccines are made available to ensure we continue to derive maximum public health benefits from our programmes.

Screening

National screening programmes play a vital role in the earlier detection and treatment of conditions such as cancer. This leads to better health outcomes for individuals and also alleviates wider pressure on diagnostic and treatment services downstream.

Screening is a key preventative measure. Detecting disease at an earlier stage helps prevent people becoming more ill and improves mortality outcomes. Earlier detection and intervention not only leads to better outcomes for people, but it reduces the burden on services that would otherwise be needed if screening did not identify disease.

Data shows inequalities across all of the screening programmes, with, for example, reduced uptake from deprived communities across the three cancer screening programmes (breast, bowel and cervical). With the 2023 publication of the *Screening in Scotland Equity Strategy* in combination with dedicated funding, there is a renewed focus view on targeting inequity in screening.

Healthcare Health Inequalities

Healthcare inequalities relate to inequalities in the access people have to health services and in their experiences of and outcomes from healthcare. The reasons for this are multiple and complex and may include:

- the availability and accessibility of local services e.g. opening times
- lack of cultural and gender competence of services and staff
- culture and language (spoken and written);
- difficulty in engaging with and navigation services
- health literacy; misinformation; lack of trust

Given healthcare is partly demand-led, this can mean it may be easier for some groups of people to navigate than others, with various forms of disadvantage such as power relationships, racism and discrimination, education, social status playing a part. Evidence shows that people living in areas of high deprivation, those from an inclusion health group and people from minority ethnic communities and groups such as the prison population are most at risk of experiencing healthcare inequalities.

Inequity of access, or a mismatch between resources and need, can also inadvertently widen health inequalities. When people do not, or cannot, access timely and appropriate care, this is likely to lead to poorer health outcomes and can require more extensive and costly treatments. It can also significantly limit an individual's ability to work, exacerbating socio-economic inequalities and potentially impacting on productivity and the economy.

Scotland does not have a single agreed approach to healthcare inequalities. If there is to be improvement in this longstanding issue of inequality, a systematic approach to tackling healthcare inequalities is needed. This must include a clear prioritisation of action towards the people and services that see greatest inequalities, and must be underpinned by strong leadership and tangible actions to support staff and develop evidence. A new approach to healthcare inequalities will be fundamental to delivering on our guiding principle to focus support on the people and communities who need it the most.

Innovation– Scottish approach

As Scotland's Chief Medical Officer has set out in his latest annual report¹⁶, healthcare innovation is 'central to the pursuit of wellbeing, equity, and Scotland's wider socioeconomic success'. New innovations in the prevention of disease will play an important role in improving our population health over the next ten years. Ensuring the adoption of new innovation considers inequalities in outcomes from the outset will support better health equity.

For example, evidence shows that successful treatment of obesity and weight management interventions can have a preventative effect on type 2 diabetes and other weight related conditions.

Enhancing the role of innovation in treatment and development of new obesity medications is one aspect of the future approach to reduce the effects of obesity on population health. Trial data continues to show benefits beyond weight loss. New anti-obesity medications are demonstrating their ability to reduce major adverse

¹⁶ [Realistic Medicine: Taking Care - Chief Medical Officer for Scotland Annual Report 2023-2024 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/realistic-medicine-taking-care/pages/100-109.aspx)

cardiovascular events as well as improved physical functioning for people across a wide range of clinical and quality of life measures.

More generally, we need to consider how innovations in treatment and access, including digital innovation, can help to support prevention, early intervention and a reduction in health inequalities in the coming years.

Next Steps

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework.

We will continue to work across NHS Scotland, Public Health Scotland and the Scottish Government to develop a systematic approach to healthcare inequalities for Scotland.

We will explore how the Population Health Framework can further embed a Value-Based Health and Care approach in Scotland.

We will embed the Accelerated National Innovation Adoption pathway in Scotland, ensuring it addresses health inequalities from the outset in the delivery of innovation.

Primary Driver 5: A Population Health and Prevention Focussed System

In developing the Framework it is clear that there are key roles that many different sectors, agencies, organisations and individuals must undertake in partnership, including the academic community; businesses; Local Government; health and care services; Scottish Government; and voluntary and community organisations. This Framework is not solely the Scottish Government and COSLA's Framework; it needs to be developed and agreed by all those with a role to play in supporting people's health and wellbeing across the whole system.

Whole System Approach

A whole system approach is not one thing. It's not a group or forum or a step-by-step process. It's the way that things are done. It is how all partners work together locally; how evidence and learning is developed; how coherence of approach is ensured around issues and health outcomes; how national policies are developed; and how people are supported. A whole system approach, as a guiding principle of the framework, must underpin all work to support population health.

Embedding consideration of health

There are many instances when health policy and wider policy naturally align around common goals. More collaborative working, including across the third and private sectors, is likely to bring wider benefits for Scotland and its population.

Systematically embedding consideration of health is often called a ‘Health in All Policies’ approach. Supporting non-health decision makers to both understand the health implications and opportunities that can be impacted by their decisions, and to support more systematic consideration of this within decision making processes will be key to a whole system approach. This is not only needed across national Government but across decision making within Local Government, health and care organisations, businesses and communities.

Reorientating System to Prevention

The Framework will also need to consider what practical changes we can make to move to a prevention based system. This is consistent with a broader programme of work on Public Service Reform that supports a greater focus on prevention. Key to that is shifting the balance towards prevention in terms of: what we resource; what we prioritise within our performance management systems; and what evidence and data we collect.

One of the guiding principles of the Framework is to shift the balance from treating ill health to maintaining good health and preventing ill health in the first place. There is evidence that clearly shows the benefits this brings in terms of savings to public services and society more generally.

However, in a constrained fiscal environment, new investment in prevention is challenging and cannot be delivered in isolation. Public service reform must be undertaken to support existing services to pivot towards a preventative approach and to ensure effective reform that continues to balance change with service demand.

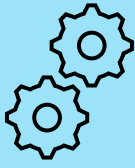
We cannot continue to focus our system predominantly on responding to inequality and ill-health; a greater focus on prevention is vital if we are to ensure a sustainable health and care system in the coming years. Steps must be undertaken now to reorientate the system to focus on prevention and on those with the greatest need.

Evidence, data, monitoring change

Monitoring and Accountability

Much of what is monitored and measured to assess the performance of our health system is based on health service activity – for example waiting times for planned care. These measures are important and tell us about the delivery of health care and the treatment of ill health. They do not, however, provide an overall picture of our population health.

Increased focus is needed on measuring the impact of all that is being done to support population health and to prevent illness, including measures on the building blocks of health and wellbeing. We will build on the Care and Wellbeing Dashboard (as part of the Scottish Public Health Observatory (ScotPHO) profiles tool) to enable consistent national and local monitoring of progress across the key Marmot domains of what evidence tells us creates health and reduces inequalities.



The Scottish Government is now asking NHS Boards about their work as anchor institutions as part of the Annual Delivery Plan process. This has included development of a set of measures to baseline and monitor NHS Board anchor activity – the first part of the public sector in Scotland to have these measures in place.

Improving Data on Inequalities

Scotland's first dedicated Data Strategy for Health and Social Care was jointly published by the Scottish Government and COSLA in 2023. This lays the groundwork for transforming the way data is used to improve health and wellbeing. One of the key deliverables of this strategy is to improve the quality and consistency of protected characteristics data, including ethnicity data, to ensure that we provide equitable care for everyone who requires care in Scotland.

Data on health and healthcare inequalities by different population groups is limited. There is a need to further improve data collection and linkage to support development of actions that seek to address health and healthcare inequalities. Scottish Government and PHS are currently working on improvements to race and ethnicity data, with a view to improving all protected characteristics data over time.

Capturing Learning

It will be important for us to consider how we capture and share learning at and between all levels in the system as we deliver the Population Health Framework. We will consider the need for different improvement programmes; research programmes; and ways in which real-time feedback can help to guide change and where approaches such as Human Learning Systems would be helpful.

Next Steps

From engagement to date, selected proposed next steps for this driver are presented below. Further actions will be developed for inclusion in the final Framework.

We will continue to discuss with representatives from business, community and voluntary organisations, and non-health areas of Government how we can deliver a coherent and whole system approach to population health.

We will work with PHS and University College London Institute of Health Equity (IHE) to support whole system approaches at local level to inform national learning.

We will develop tools to support decision makers to consider the health implications of the policies and decisions they make.

As we implement the Framework we will embed prevention focussed monitoring process and mechanisms to develop and share learning.

Key Questions

Throughout this document we have set out the issues we wish to consider and initial proposed actions we will take. Below is a set of questions that we wish to explore with stakeholders through the next phase of work to develop the Framework.

- 1) **Priority:** Given the evidence on current trends and forecasts in Scotland's health, what are the top priorities for collective action as we begin to apply the Framework in its first two years?
- 2) **Ambition:** Should the Framework adopt a single Scotland level aim such as improving life expectancy or healthy life expectancy and narrowing the inequality gap to galvanise whole system support for improvement and if so what should the measure(s) be?
- 3) **Principles:** What steps can be taken to secure progress within each Guiding Principle of the Population Health Framework?
- 4) **Actions:** What specific additional actions should be taken in Scotland to have the biggest impact on supporting healthy living? (For example, on the affordability, attractiveness and availability of health harming products?)
- 5) **Equity:** How can we improve equity in the population level prevention of ill health and early detection of disease?
- 6) **Accountability:** What specific actions would improve accountability of different sectors to securing progress in moving to a prevention focused system?
- 7) **Opportunity:** Over the ten year horizon of the Framework what innovation could bring the greatest opportunities to secure health gains and reduce the burden of disease?

Next Steps and Contact

During September and into early October 2024, the Scottish Government, CoSLA, Public Health Scotland and public health system leaders will use this document to support wide engagement on the Population Health Framework. Through a range of engagement meetings we will seek feedback on the framework, the areas for action and the questions above.

If you have any questions about the work to develop the Population Health Framework, or would like to provide a written contribution with your views please contact the following email for National Services Scotland who are currently delivering programme support for this engagement activity: NSS.PAW@nhs.scot