

## Highland Community Planning Partnership

Chief Officers' Group – 4 September 2018

Agenda Item	12.
Report No	COG 15/18

### Public Health Priorities for Scotland

#### The COG is asked to:

- Note the Public Health priorities for Scotland and links with the Highland Outcome improvement Plan and
- Task the CPP Delivery Groups and Community Partnerships to reflect the Public Health priorities in their programmes of work

## 1. Introduction

1.1 Over the last century the health of the population of Scotland has improved. There have been increases in average life expectancy and we have seen considerable improvements in the overall health of the population. In Scotland, and in other countries, this progress is a result of public health efforts including action to tackle infectious disease, provide clean water and sanitation and provide high quality healthcare.

1.2 In 2018, the average life expectancy at birth across Scotland was 81 years for females and 77 years for males. People are living longer than ever before. However, despite this Scotland now has one of the lowest life expectancies in Western Europe. While life expectancy is increasing overall, there are significant differences in the life expectancy and health of people across Scotland, depending on factors such as where they live, their age and gender, and their ethnic group. People living in less affluent areas of Scotland have a shorter life expectancy than those living in wealthier areas. These differences are strongly influenced by the social conditions, the circumstances into which people are born, the places where they live, their education, the work they undertake, and the extent to which good social networks exist.

## 2. Background

2.1 Over the last year, the Scottish Government and COSLA, working with a range of partners and stakeholders, have engaged widely across Scotland to develop a set of Public Health priorities for the whole system. The six priorities reflect a consensus on the most important things Scotland as a whole must focus on over the next decade if we are to improve the health of the population. Scottish Government intends to work closely with the NHS, integration authorities, community planning partnerships, the third and independent sectors, and communities to improve the health of the population and tackle inequalities through reducing the variation in life expectancy that exists across Scotland.

2.2 The priorities do not reflect all of the activities and efforts that contribute to the improving the health of the population in Scotland. It is acknowledged that there will need to be local priorities and local variation to reflect local need and that there are

many other activities delivered by public and third sector bodies that contribute to health that are not reflected in the Public Health priorities. However, the agreed priorities reflect the issues that are believed to be the most important to focus on over the next decade and are intended to provide a focus for collective efforts to improve health.

### **3. Public Health Priorities for Scotland**

3.1 The Public Health priorities for Scotland are:

#### **1. A Scotland where we live in vibrant, healthy and safe places and communities.**

The places we live work and play, the connections we have with others and the extent to which we feel able to influence the decisions that affect us – all have a significant impact on our health and wellbeing. The immediate physical environment, the social networks we belong to, the local economy, our workplace and the accessibility of services are all important. How we design our surrounding environment provides opportunities to develop local approaches to improving people's health that draw on all the assets and resources of a community, including how we integrate public services and how we build community resilience.

#### **2. A Scotland where we flourish in our early years.**

Addressing the health and wellbeing issues of our children and young people and recognising, respecting and promoting their rights is essential to achieving this outcome. This priority places particular emphasis on our early years, recognising the impact that early childhood poverty, disability and adverse childhood experiences can have on health outcomes throughout a person's life.

#### **3. A Scotland where we have good mental wellbeing.**

Mental wellbeing is about feeling good and functioning effectively, maintaining positive relationships and living a life that has a sense of purpose. It is shaped by our life circumstances, our relationships and our ability to control or adapt to the adverse circumstances we face. Good mental health improves outcomes in education, employment and health and benefits individuals, families, communities and society.

#### **4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.**

There is a need to reduce the harm caused by smoking, drinking and drugs in Scotland. Although there is no safe way to smoke, no safe level of drinking alcohol and no completely safe level of drug use, the number of people using these substances and the harm caused to both them and those around them can be minimised. The majority of the harm experienced across Scotland is not due to addiction, dependency or illegal drug use, but rather due to smoking and the large number of people drinking alcohol above the recommended guidelines per week on a regular basis.

#### **5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.**

Inequalities are those unjust and avoidable differences across our population and between groups within it. This can be inequality in disposable income, health, wealth, power or social opportunity. Income inequality undermines educational opportunities for disadvantaged individuals, hampering skills development and ultimately reducing

their productivity and earning potential. These are all vitally important, as our health is intrinsically linked to our ability to participate fully in society and having the resources or the social connections to do so.

### **6. A Scotland where we eat well, have a healthy weight and are physically active.**

Eating well, having a healthy weight and enjoying being physically active are important in improving the populations health. A healthy diet and regular exercise bring a wide range of benefits for both physical and mental health. They play an important role in attaining and maintaining a healthy weight and help protect us from a wide range of serious health conditions. Conversely, poor diet, an unhealthy weight and physical inactivity are all major and growing issues for Scotland and impact across all public services and communities, and with significant costs to the economy.

### **4. Fit with the Highland Outcome improvement Plan**

4.1 The following table identifies the links between the priorities identified within the HOIP and the Public Health Priorities.

<b>HOIP Outcome and priority</b>		<b>Public Health Priority</b>
Poverty Reduction	Living wage and seasonal employment	Priority 1 and 5
	Financial Education and advice	Priority 1 and 5
	Affordable childcare	Priority 1 and 2
	Reducing fuel poverty	Priority 1
Community Participation and Dialogue	Doing it differently	Priority 1 and 5
	Building relationships and trust	Priority 1
	Listen and act	Priority 1
Infrastructure	Community transport investment and support	Priority 1 and 6
	Better awareness & co-ordination of public transport	Priority 1 and 6
	Developing the market and private support/ownership	Priority 1 and 5

	Digital infrastructure	Priority 1 and 5
	Affordable and accessible housing	Priority 1.
Community Safety and Resilience	Digital safety and awareness	Priority 1, 2 and 3
	Community led action; resilience, inclusion, response	Priority 1 and 3
	Collaborative training	Priority 1
	Information sharing & collaborative approach	Priority 1
Mental Health and Wellbeing	Early education and prevention	Priority 1, 2, 3 and 4
	Tackling stigma and employers attitudes	Priority 1, 3, 5 and 6
	Working and responding together	Priority 1, 3 and 5
	Inclusion, intervention and peer support	Priority 1, 3, 4 and 5

## 5. Conclusion and Recommendations

5.1 The priorities within the HOIP are well placed to deliver the Public Health priorities. However, Priority 6 – *A Scotland where we eat well, have a healthy weight and are physically active* has a more tenuous link. There is a range of work on going across the partnership in relation to healthy eating and physical activity including implementing the Active Highland strategy, healthy eating programmes in pre-school and school settings, and adult and children's healthy weight services and support.

5.2 The Chief Officers Group is asked to:

- Note the Public Health priorities for Scotland and links with the Highland Outcome Improvement Plan and
- Task the CPP Delivery Groups and Community Partnerships to reflect the Public Health priorities in their programmes of work

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