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# Joint Foreword

We want everyone in Scotland to live healthy, happy lives for as long as possible. Supporting people's health and wellbeing is key to reducing inequality, tackling child poverty and building a fairer Scotland.

Sadly too many lives are cut short in Scotland because of illness that can be prevented. The COVID-19 pandemic and the recent cost-of-living crisis have worsened inequalities and shown how vital it is to support those people most at risk of experiencing poor health – especially those from our poorest communities.

The evidence tells us that improving the lives and health of the people of Scotland requires joined up action from all of our public services, as well as our community organisations and businesses. Good health is created when certain building blocks are strong – that is, good jobs, access to a good education, safe communities – and people have access to good quality health and social care services that work to support them as individuals.

High quality health and care services are a vital priority for both Scottish Government and local authorities and our joint work to deliver reform is key to ensuring people can access support and care. However, we know that health is not just determined by what happens within the health and care system.

As much as 80% of what affects health happens outside the health and care system. The NHS is just one part of the whole system – local government, public agencies and a range of sectors and organisations – that must have a laser focus on preventing ill health. We will achieve this by tackling its causes to make Scotland a place where more people live longer, healthier lives.

Creating a society that improves health and wellbeing, and preventing poor health, is therefore at the heart of our ten-year Population Health Framework.



**John Swinney,**  
First Minister,  
Scottish Government

Partnership working between Scottish Government and COSLA has been vital to the development of the Framework and we are also grateful for the contributions of the many partners across a range of sectors who have engaged and collaborated.

The Population Health Framework sets out how national and local government will work with public sector partners, community organisations and business to tackle the root causes of ill health. This complements our commitment to tackling child poverty, a just transition to net zero and delivering sustainable public services that ensure the people of Scotland live in a country that supports their health and wellbeing.

Tackling the root causes of ill health to prevent poor health developing is key to ensuring people live healthier lives. We will progress reform to ensure long-term sustainability of public services, reduce health inequalities, further harness the benefits of digital technology and improve population health outcomes in Scotland.

This Framework sets out our vision for the next ten years. It includes a broad range of actions that seek to tackle the drivers of ill health. But these actions are a first step, and over the length of this Framework we will continue to review and deliver actions in partnership with public, community and private sector organisations. We are clear that this work must have impact and effective action is required to achieve this.

By working together in partnership and towards our shared aim to improve the health of the people in Scotland, we can create a Scotland where all our people and communities have the opportunity to live healthier, fulfilling lives.



**Councillor Shona Morrison,**  
President, Convention of Scottish  
Local Authorities  
(COSLA)

# Executive Summary

Scotland stands at a critical turning point in the health of the population. After many decades of improvement in life expectancy, progress has stalled. UK Government austerity, the COVID-19 pandemic and more recently the cost-of-living crisis have eroded the health of our population and widened inequality. Demographic trends point to continuing wider challenges. A renewed and long-term focus on prevention across all the areas that affect health is required.

This Framework is for all with a role to play in creating and maintaining good physical and mental health and wellbeing. It represents a shift in culture, from treating illness to prevention and a more whole system approach to improving health. It is the beginning of a live programme of change and improvement, with clear initial actions across the drivers of health and further actions to come over the ten-year period.

We are under no illusion of the financial pressures we currently face across the public sector and society as a whole, some of which affect the resources available to support individuals and services. We also recognise, however, that unless we make this shift to prevention, the demands on support and services will only increase.

Our aim is two-fold – to improve Scottish life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average by 2035.

The Framework is based on five key interconnected prevention drivers of health and wellbeing:<sup>1</sup>

- Prevention Focused System
- Social and Economic Factors
- Places and Communities
- Enabling Healthy Living
- Equitable Access to Health and Care

The Framework sets out initial actions across these drivers. It also identifies two initial evidence-based priorities – embedding prevention in our systems and improving healthy weight.



<sup>1</sup> Influenced by the King's Fund Population Health Pillars and the Institute of Health Equity's eight Marmot principles.

The priorities and actions of the Framework are the outcome of extensive engagement across Scotland. They have been co-created by national and local government, with our national and local public health experts, and reflect the evidence on key activities shown to improve population health and reduce inequality.

## Initial Actions

<p><b>Prevention Focused System</b></p>
<p><b>Preventative Investment</b> Develop new approaches to resource allocation that support prevention across health and other public services.</p>
<p><b>Accountability</b> Improve whole system accountability for primary prevention.</p>
<p><b>Health in All Policies</b> Develop and implement a 'health lens approach' to impact assessment.</p>
<p><b>Community Planning</b> Strengthen collective leadership and shared accountability to improve local outcomes and address inequalities through a refreshed focus on the role of Community Planning Partnerships.</p>
<p><b>Collaboration for Health Equity in Scotland</b> Introduce Marmot Places in Scotland, a place-based model of cross-agency working that seeks to reduce the social determinants of ill health within specific localities.</p>
<p><b>Digital Population Health</b> Ensure digital opportunities are maximised to improve the prevention of poor mental and physical health.</p>
<p><b>Research and Innovation</b> Support research and innovation that improves the prevention of ill health.</p>
<p><b>Evaluation and Learning</b> Develop a comprehensive evaluation and monitoring approach to measure the impact and value of the Population Health Framework.</p>

<p><b>Social and Economic Factors</b></p>
<p><b>Early Years and Child Development</b> Take action to reduce the proportion of children with developmental concerns at 27-30 months, including reducing inequalities.</p>
<p><b>Education</b> Develop and deliver a Public Health Approach to Learning.</p>
<p><b>Economic Activity</b> Publish a Health and Work Action Plan.</p>
<p><b>Income Maximisation</b> Improve opportunities to ensure that all individuals who require income assistance can access support.</p>
<p><b>Community Wealth Building</b> Advance community wealth building in Scotland to address economic and wealth inequality by supporting the generation, circulation and retention of more wealth in local economies.</p>

## Places and Communities

### Community and Voluntary Sector

Build a resilient and sustainable community and voluntary sector that supports the creation of healthy communities.

### Social Prescribing

Develop a National Social Prescribing Framework for Scotland.

### Planning

Embed health and wellbeing considerations into the development and delivery of Local Development Plans (LDPs).

### Housing

Support the contribution of better housing to health.

### Climate Change and Nature

Maximise efforts to tackle the climate and nature emergencies given the close links between environmental and human health.

## Enabling Healthy Living

### Food Environment and Nutrition

Publish a two-year implementation plan of preventative action to improve the food environment, diet and healthy weight.

### Physical Activity

Implement the evidence-based physical activity policy actions in the National Physical Activity for Health Framework.

### Tobacco Free Generation

Deliver the initial two-year Tobacco and Vapes Implementation Plan, including legislation to create a tobacco free generation.

### Drugs and Alcohol

Publish an Alcohol and Drugs Plan, building on progress made by the National Mission on Drugs, to reduce alcohol and drug related harms and deaths.

### Preconception and Pregnancy

Reduce health harming risks during preconception and in pregnancy.

### Healthy Digital Use

Develop a robust approach to reducing health harms associated with the digital environment.

### Gambling Harm

Progress interventions to reduce gambling harms as the Gambling Levy comes into operation.

<b>Equitable Health and Care</b>
<b>Healthcare Inequalities</b> Develop a Healthcare Inequalities Action Plan.
<b>Vaccination and Immunisation</b> Deliver the actions of the Scottish Vaccination and Immunisation Programme (SVIP) 5 Year Framework and Delivery Plan (2025-2030).
<b>Screening</b> Innovate and improve screening and early detection of disease.
<b>Health Protection</b> Support better health protection in Scotland.
<b>Sexual Health and Blood Borne Virus</b> Progress delivery of improvements to sexual health and wellbeing.

The Framework is supported by the following complementary publications:

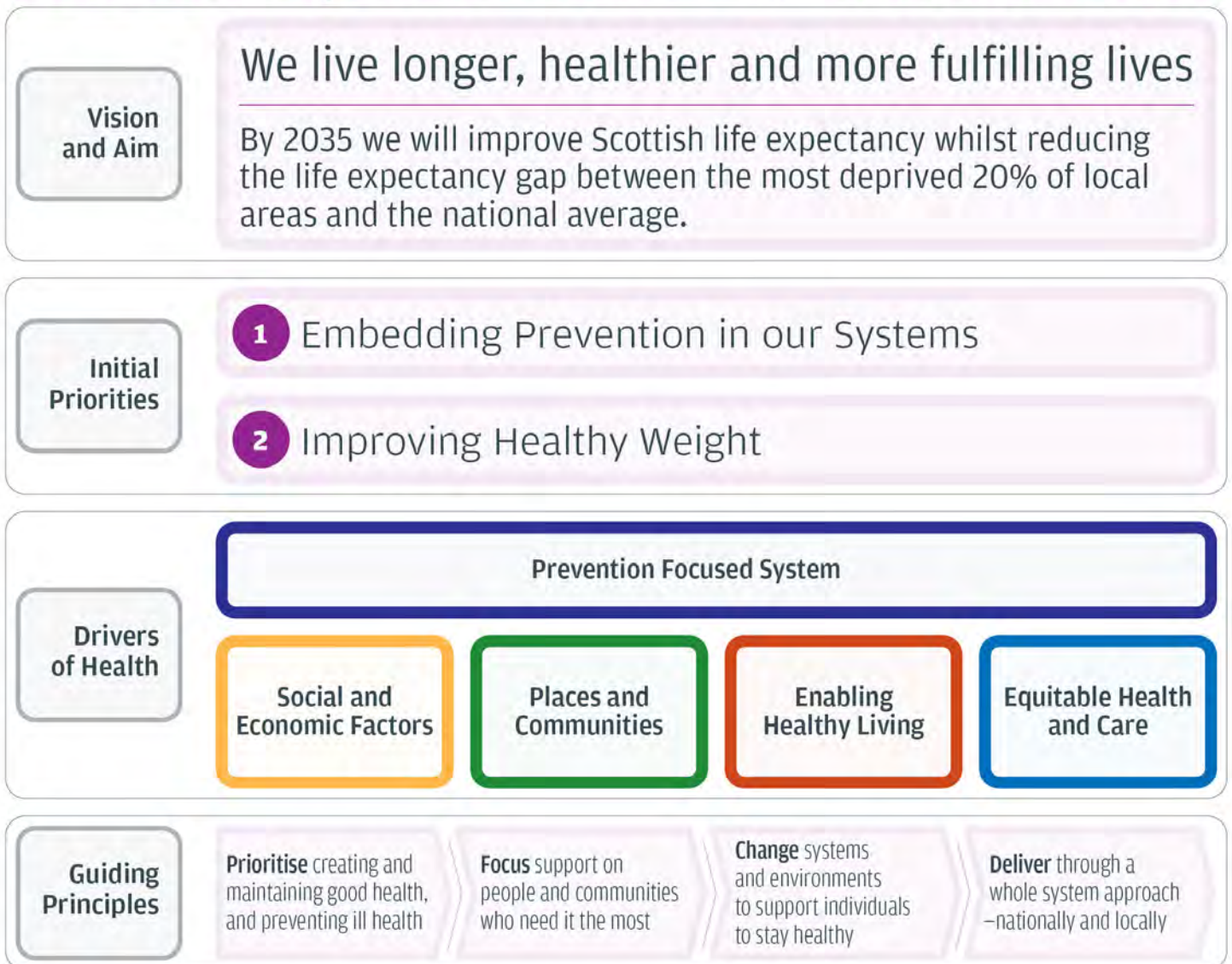
- **Sector Summaries** - which have been developed with partners and outline the role and contributions of various parts of the system in improving population health and reducing inequalities. These summaries focus on the local and national delivery of the Framework by [local government](#), the [National Health Service \(NHS\)](#), the [community and voluntary sector](#)<sup>2</sup> and the [business sector](#).
- **Evidence Paper** - which sets out trends in Scotland’s health and health inequalities in detail, covers the opportunities and barriers for change, and provides the structure for the range of evidence-based work needed over the next ten years. It has been used to inform our aim, approach, priorities and actions.

Given the long-term focus of the Framework, we are committed to continued engagement with partners and stakeholders to review and update the priorities and actions on a regular basis. Over the next ten years we will continue to work together across government, public, community and voluntary and business sectors to identify further actions that can be taken to support improvements to the health of the population.

Realising our vision for a Scotland where people live longer, healthier and more fulfilling lives can only be achieved through shared responsibility across all sectors. It will require the collective efforts of government at all levels alongside the support of the NHS, businesses and the community and voluntary sector and all of society.

2 There is known contention around the terminology of ‘community and voluntary sector’ vs ‘third sector’. For this document, we are using the terminology that was agreed by our stakeholders and use it to include charities, social enterprises, voluntary and community organisations that work with communities of place, identity or interest.

# Scotland's Population Health Framework 2025-2035



# Our Vision for the Future

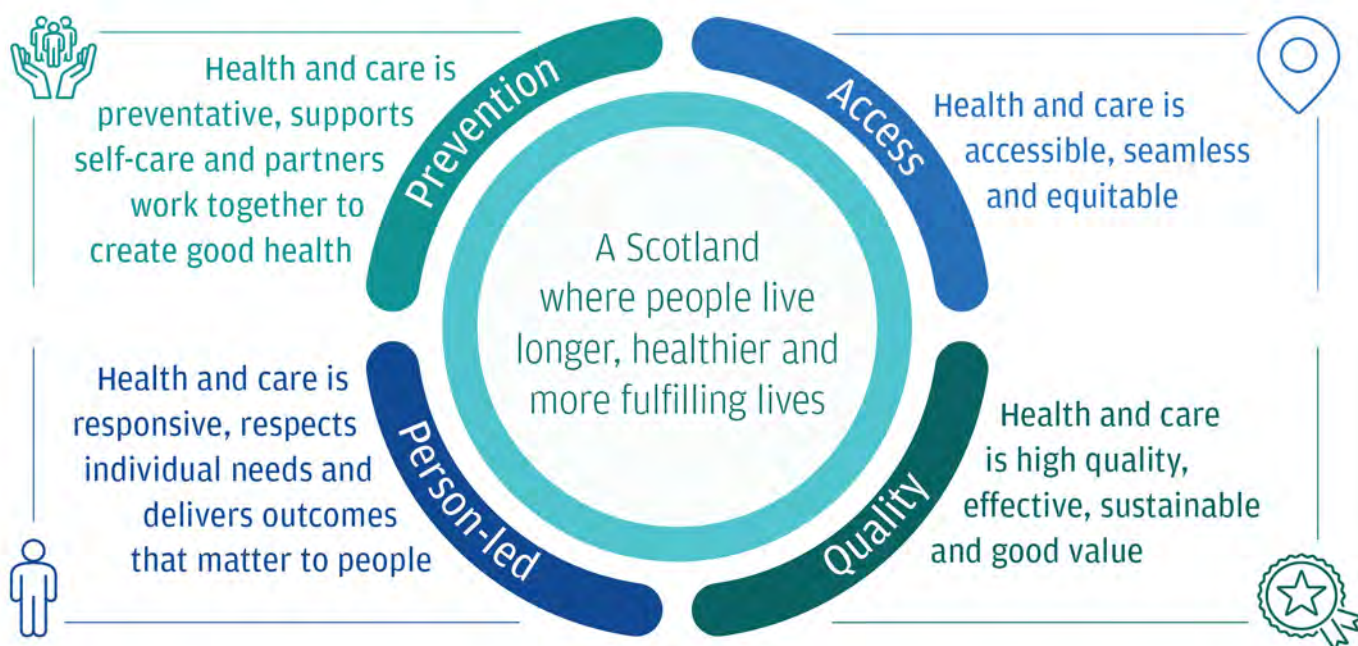
Good physical and mental health and wellbeing enables us to lead purposeful lives, to build and maintain relationships with others, to contribute meaningfully to society and create a strong and sustainable economy. Improved population health is fundamental to making progress on Scotland's National Performance Framework – our approach to national wellbeing.

**Population health** is defined as an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.<sup>3</sup>

Over the next ten years, we want to ensure the social, economic and physical environments in which we are born, grow up, live, work and age help to create improved health and wellbeing. The Population Health Framework will complement work being taken forward through the [Health & Social Care Service Renewal Framework](#), to make a clear contribution to realising our health and social care vision:

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

Our vision<sup>4</sup> is supported by four key areas of work: a focus on prevention and early intervention, maximising access and providing quality services, all underpinned by a person-centred approach.<sup>5</sup>



3 Buck et al. (2018), [A vision for population health: towards a healthier future](#), King's Fund.

4 The references to 'health and care' in the vision refer to outcomes for the population as well as health and care services.

5 A person-centred approach is one that aligns with the [Getting it right for everyone \(GIRFE\) principles](#)

## Our Aim

Our aim is to improve population health and reduce inequality. A clear national overall aim seeks to galvanise collaboration across the whole system:

*By 2035 we will improve Scottish life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average.<sup>6</sup>*

Realising this aim will take concerted efforts over the next ten years. We know that change is possible. Improved health and reduced inequality would contribute to reduced poverty, improved economic growth, reduced demand for public services and improved fiscal sustainability.<sup>7</sup>

Encouragingly, the most recent data shows improvements in life expectancy for both men and women.<sup>8</sup> The purpose of this ten-year Framework is to secure further improvement over the long-term, so more people live longer, healthier and more fulfilling lives and inequalities are reduced.

## Our Guiding Principles

To achieve a shift to a more prevention focused system, we have adopted four guiding principles which informed our approach to developing the Framework and to guide its implementation:

<b>Prioritise</b> creating and maintaining good health and preventing ill health	<b>Focus</b> support on the people and communities who need it the most
<b>Change</b> systems and environments to support individuals to stay healthy	<b>Deliver</b> through a whole system approach – nationally and locally

These principles are not new. They are the foundation of modern public health practice.

Embedding these principles as we implement the Framework will require sustained effort by all those delivering each action. Working collaboratively and adopting these principles must become *how* we deliver improved population health in Scotland if we are to achieve our aim.

6 An accompanying technical note in the Evidence Paper details the analysis undertaken to support the development of the aim and outlines how progress towards the aim will be measured.

7 [Fiscal Sustainability Report – April 2025 | Scottish Fiscal Commission](#)

8 [Life Expectancy in Scotland 2021-2023 - National Records of Scotland \(NRS\)](#)

# Our Approach

## Right to Health

The right to enjoy the highest attainable standard of physical and mental health alongside the protection of health and the right to social and medical assistance are fundamental human rights.<sup>9,10</sup> Everyone should enjoy the benefits of good health, regardless of their background, socioeconomic status, circumstances or where they live.

In Scotland, the persistence of health inequalities means that the right to health is not experienced equally by everyone. It is in everyone's interests to improve population health and address longstanding health inequalities to ensure everyone's right to health is protected, respected and fulfilled.

This matters because inequality affects the whole population. As the accompanying Evidence Paper sets out, health inequality not only worsens our individual and collective wellbeing – it hinders economic growth, increases pressure on public services, threatening fiscal sustainability, and pushes people into poverty.

Central to the Framework's approach is improving the health of the whole population, with a particular focus on enabling all children regardless of background the right to enjoy good health. Children and young people in Scotland continue to face significant and persistent health inequalities which are driven by wider inequalities closely linked to socioeconomic status, environmental and wider structural factors.

One of the most stark indicators of inequality is child poverty, with children experiencing poverty at a higher rate than both working-age adults and pensioners. These disparities early in life can have lasting effects on physical and mental health, as well as educational attainment and wider opportunities throughout life.

## Building Blocks of Health

The evidence is clear that our health is closely linked to the circumstances and environments in which we are born, grow up, live, work and age. These are known as the wider determinants or 'building blocks' of health.

The building blocks include a focus on the earliest years of life (including preconception and during pregnancy), good education, fair work and income, healthy places, social networks and appropriate public services. Research shows that these social, economic and environmental factors are the primary drivers of health and together have a greater effect on health than individual behaviours and health services.

Inequalities in the quality and access to the building blocks of health lead certain groups of the population to experience health differently, with people living in the most deprived areas more likely to experience poorer physical and mental health.

Driving these inequalities is the unequal distribution of income, power and wealth between groups in society - the 'fundamental causes' of health inequalities.

The Framework is a deliberate shift to prioritise upstream actions to support the building blocks of health, especially for those who are most likely to experience ill health.

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9 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.

10 United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024.

## Life Course Approach

Actions that improve the building blocks of health will *create health*, not just *prevent disease*. Activities which strengthen the building blocks of health make a difference across the life course, from pre-birth to adolescence to working-age and older age.

A focus on early years is crucial to the future health and wellbeing of our population and the evidence suggests more can be done to improve outcomes in the pre-birth to age three period. The evidence also highlights the importance of appropriate action during critical life stages, settings and transition periods.

Adopting a life course approach is about addressing the protective and risk factors relevant to health and wellbeing at each stage of life. Such an approach recognises the importance of focusing and tailoring different health and wellbeing efforts to improve population health and reduce inequalities at all ages.

## Prevention

Prevention and early intervention activities seek to create health and wellbeing by improving years lived in good health and enhancing quality of life.

A key lesson from the pandemic is that our resilience to future health threats is dependent on reducing health inequalities and creating environments where it is easier to live healthier lives.

While public health recognises three types of prevention, in particular, the Framework is focused on 'primary prevention' – action that is designed to stop problems from emerging in the first instance. The evidence on forecast burden of disease, rising service demand and financial sustainability is clear that better prevention of poor health and the creation of good health is required.

## Public Health Approach to Prevention

Prevention in public health is about keeping people healthy and avoiding the risk of poor health and early death. When people and organisations talk about prevention, they often use the same language to talk about different things. This is a barrier to investing in the full range of prevention needed to improve the health and wellbeing of the people of Scotland.

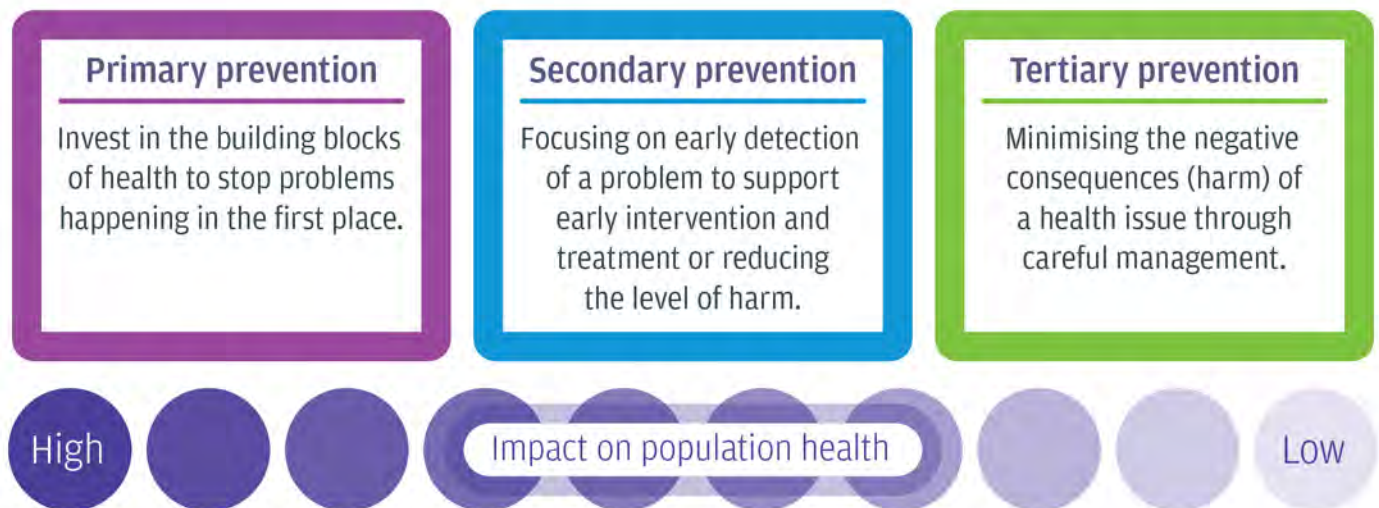
Public Health Scotland has set out a 'public health approach to prevention' to provide a common language for partners within health and social care and the wider system to use.

Public health recognises three types of prevention as central to addressing poor outcomes:

**Primary prevention** is action that tries to stop problems happening. This can be either through actions at a population level that reduce risks or those that address the cause of the problem.

**Secondary prevention** is action which focuses on early detection of a problem to support early intervention and treatment or reduce the level of harm.

**Tertiary prevention** is action that attempts to minimise the harm of a problem through careful management.



Prevention is one of the most cost-effective interventions the NHS and wider system can make in relation to improving population health and reducing inequalities. Maintaining a focus on primary, secondary and tertiary prevention is critical in delivering long-term sustainability.

Primary prevention is 3-4 times more cost-effective than investing in treatment. The return on investment (ROI) for £1 invested was £34 for health protection (for example vaccines and immunisation) and £46 for legislative interventions (for example the ban on smoking in public places).

**Source:** [Public health approach to prevention - Public Health Scotland](#)

# Framework Structure

The Framework is structured around the prevention drivers of health and wellbeing,<sup>11</sup> with an overarching driver focused on 'how' the system needs to transform to be more prevention-oriented through coordinated activities across all drivers. The drivers capture the essential building blocks of health and highlight interconnected areas of focus which require collaborative action across government and sectors.

The Prevention Drivers of Health and Wellbeing are:

- **Prevention Focused System** – Strengthen collective accountability for population health outcomes and inequalities
- **Social and Economic Factors** – Improve the social and economic factors that support better health and reduce inequalities
- **Places and Communities** – Create healthy and sustainable places by working in and with communities
- **Enabling Healthy Living** – Develop supportive environments that promote health and wellbeing and reduce health harming activities
- **Equitable Health and Care** – Foster a health and social care system that delivers equity, prevention and early intervention



<sup>11</sup> Based on the King's Fund Pillars of Population Health and Institute of Health Equity's Eight Marmot Principles.

# Initial Framework Priorities (2025-2027)

To contribute to our aim of improving life expectancy and reducing inequalities we have identified two initial evidence-based priorities:

## Priority 1: Embedding Prevention in our Systems

Develop mechanisms that prioritise addressing inequalities and improving prevention within planning, delivery, budgets and accountability.

The long-term sustainability of our health, social care and wider public services depends on a decisive shift towards prevention, particularly primary prevention, to improve outcomes. We know we need to be deliberate about how we achieve this if we are to see a genuine change.

Critical to this shift is improved partnership working locally to create effective systems that enable change. To achieve this, we will build upon our established place-based working approaches, in particular the Place Principle. Implementation of the principle requires a more integrated, collaborative and participative approach to decisions about services, land and buildings, across all sectors within a place. Such an approach enables better outcomes for everyone and increased opportunities for people and communities to shape their own lives.

Our approach will include working together to:

- improve prioritisation of prevention and addressing inequalities in planning
- develop new resource allocation tools that give stronger weighting to prevention, with an initial focus on health and social care budgets
- develop stronger governance models for health and social care reform aligned with the wider reform of the National Performance Framework
- exemplify the behaviours reflecting the core of the Place Principle, working and planning together with partners and local communities to improve the lives of people and create better places

## Priority 2: Improving Healthy Weight

Develop a whole system approach to improve food environments; ensure a healthy, balanced diet is accessible and affordable to all; and improve population levels of healthy weight.

Two thirds (67%) of all adults in Scotland are living outside of healthy weight parameters. A key part of improving Scotland's population health is a refreshed whole system approach to preventing obesity.

Evidence on the actions required to improve population levels of healthy weight indicate a whole system package of prevention and treatment measures is necessary.

Our response will include:

- legislation to improve the food retail environment
- action by business to reformulate foods to reduce levels of fat, sugar and salt
- action by major retailers to improve the healthiness of the typical basket
- action across local government and the education sector to support the provision of healthy food in early years and school settings
- action to support whole system approaches at all levels to improving healthy weight across all drivers of the Framework

These actions will be co-developed at both a national and local level in order to drive the whole system response required; and will take into account Good Food Nation Outcomes<sup>12</sup> to ensure joined-up policy-making and delivery.

<sup>12</sup> [National Good Food Nation Plan – Good Food Nation Outcomes](#)

# Prevention Focused System

## Strengthen collective accountability for population health outcomes and inequalities.

Realising our aim requires a whole system response in which prevention is embedded across all parts of government and all sectors. Renewed focus and new capabilities are required to ensure the wide adoption of a more prevention focused 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 nationally and locally to identify collective actions. It is about how evidence and learning is captured and shared, how policies are developed and implemented, services planned and delivered; and how people are supported to live longer, healthier and more fulfilling lives.

The Scottish Government, local government, NHS, Health and Social Care Partnerships, voluntary and community organisations, the business sector, academic community and local communities all have diverse roles to play and contributions to make, which need to be undertaken in partnership. Cross-sector collaboration remains essential to fully embedding prevention across the system and builds upon the lessons learned from our response to the COVID-19 pandemic.

### Building Upon Existing Action

Actions within this driver build upon existing action already being progressed under the following, non-exhaustive, list of policies and strategies:

- [National Performance Framework](#)
- [Verity House Agreement](#)
- [Public Service Reform](#)
- [National Population Strategy](#)
- [Fairer Future Partnerships](#)
- [Mental Health and Wellbeing Strategy](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [Community Empowerment \(Scotland\) Act 2015](#)

## Conditions for Change

We will work with all partners and sectors to maximise their contributions to our shared vision through defined outcomes and a commitment to **preventative investment**. We will encourage partners to share power and resources with other partners and across communities, accept joint **accountability** for outcomes and commit to delivery in this way.

Fundamental to our wider health and care service reform and renewal, and to the delivery of the Framework, is a shift in how the NHS sees itself. The NHS in Scotland is about prevention – not just treatment. As an anchor institution it has significant impact on the building blocks of health through employment, commissioning and purchasing, and creative use of its land and assets. It is a population health organisation that works collaboratively with local government to deliver integrated health and social care with an emphasis on anticipatory and preventative care. Community planning with local partners is vital to preventing ill health and inequalities and delivering value-based, sustainable health and care. This includes supporting the health and social care workforce to realise their role in prevention and the delivery of the priorities and actions within the Framework.

Mechanisms which embed health and inequalities considerations across all levels of government and sectors will ensure decision-makers are empowered to prioritise prevention and upstream investment. We will build upon and strengthen established place-based working and **health in all policies** approaches by improving the consideration of health and health equity outcomes across existing impact assessment activity.

Central to collaborative working locally are **Community Planning Partnerships (CPPs)**. The Verity House Agreement<sup>13</sup> recognises CPPs as a critical mechanism for the alignment of local resource, focused on prevention and early intervention, and delivering our shared priorities. Realising the full potential of CPPs requires all partners that can contribute to community planning to play their part. This includes the meaningful involvement of the community and voluntary sector as an equal partner.

A key enabler for our work going forward is ensuring digital and innovation opportunities are considered, maximised and integrated across our programmes and services. **Innovations**, including **digital population health** interventions, can provide a range of benefits for population health, including promoting positive health behaviours and supporting self-management.

We must also establish robust **monitoring and evaluation** mechanisms to track our progress and contributions to our aim. Ongoing research will offer us clear insights, data and evidence to support and track progress. This includes trialling new approaches to place-based working through the **Collaboration for Health Equity in Scotland (CHES)** to accelerate action to improve health equity and share insights and expertise by learning from Marmot Places<sup>14</sup> in Scotland.

By embedding **continuous learning** and adaptation within the Framework, Scotland can respond effectively to emerging challenges and ensure policies and interventions remain responsive and fit for purpose.

<sup>13</sup> [New Deal with Local Government – Verity House Agreement](#)

<sup>14</sup> [Institute of Health Equity - What is a Marmot Place?](#)

## Building for Our Future

Over the next two years we will progress the following actions with our partners:

### Preventative Investment

Develop new approaches to resource allocation that support prevention.

This will include:

- developing, trialling and implementing new resource allocation approaches and tools in health and social care that prioritise prevention and upstream investment
- working with Health Board Directors of Finance and Directors of Public Health to explore models of finance that can identify and support investment in preventative action

### Accountability

Improve whole system accountability for primary prevention.

This will include:

- strengthening primary prevention in NHS Board Planning and wider system planning and prioritisation
- balancing performance metrics across systems to include more upstream data
- reforming the National Performance Framework to support the development of a stronger more impactful framework for Scotland

### Health in All Policies

Develop and implement a 'health lens approach' to impact assessment.

This will include:

- collaborating with local, regional and national partners to strengthen support mechanisms that integrate the building blocks of health and equity into decision-making across all sectors
- maximising the benefits and minimising negative impacts on physical and mental health throughout the decision-making process
- ensuring that national level impact assessments include health considerations that are rigorously evaluated during policy development

### Community Planning

Strengthen collective leadership and shared accountability to improve local outcomes and address inequalities through a refreshed focus on the role of Community Planning Partnerships.

This will include:

- expecting local partners to use the Population Health Framework priorities and actions to inform the development and delivery of their Local Outcome Improvement Plans (LOIPs) and Locality Plans
- encouraging commitment from all local partners to provide the resources required to deliver agreed plans
- ensuring meaningful representation and participation by local community and voluntary sector organisations in community planning and sharing good practice
- working with existing mechanisms such as the Community Planning Improvement Board and the Scottish Community Planning Network to strengthen collaborative leadership and share learning to drive improvement

## **Collaboration for Health Equity in Scotland**

Introduce Marmot Places in Scotland.

This will include:

- working with PHS and the Institute of Health Equity to support three areas to develop a local, whole system approach to address the wider determinants of health
- establishing a national learning system to share insights and integrate learning from the three Marmot Places
- identifying recommendations for national as well as local policy to accelerate action and drive improvements in health equity

## **Digital Population Health**

Ensure digital opportunities are maximised and integrated across programmes of work to improve productivity and service user outcomes, the prevention of ill health – both physical and mental – and system sustainability.

This will include:

- embedding digital inclusion approaches which promote digital choice and reduce the risk of deepening inequalities
- empowering people to have greater flexibility and control over their health and care through digitally enabled access to information, resources, treatment and services

## **Research and Innovation**

Support research and innovation that improves the prevention of ill health.

This will include:

- continuing to transform our approach to innovation across health and social care by building new partnerships between local and national government, the NHS, academia and industry
- building prevention research capability through the Scottish Prevention Hub
- progressing research-proven innovations in prevention and early intervention through the Accelerated National Innovation Adoption (ANIA) pathway

## **Evaluation and Learning**

Develop a comprehensive evaluation and monitoring approach to measure the impact and value of the Population Health Framework.

This will include:

- gathering evidence to assess how the Framework is supporting a shift towards prevention
- communicating the accompanying Population Health Dashboard to support local use of outcome indicators on the determinants of health

# Social and Economic Factors

## Improve the social and economic factors that support better health and reduce inequalities.

Economic and social factors are vital to people's health. This driver is about creating nurturing environments from birth, building and maintaining healthy relationships with others and achieving good educational outcomes that lead to increased productivity in adulthood. It is about ensuring work contributes to good health and people have enough money to meet their needs throughout their lives. These form the foundations which enable people to live longer, healthier and more fulfilling lives.

Poverty is one of the most significant and persistent determinants of poor health. People living in the most deprived communities face significantly worse physical and mental health outcomes - higher rates of illness and shorter life expectancy - compared to those in more affluent areas. Poverty limits people's ability to access essential resources such as nutritious food, safe spaces for physical activity, stable housing and opportunities to fully participate in society. Poverty can impact children's development, leading to lower birth weight and concerns related to speech, language and communication that can have lasting effects on education and wellbeing.

Addressing poverty, in particular child poverty, is crucial to enabling healthier lives and breaking the cycle of ill health that perpetuates inequalities. The Framework seeks to complement and build upon ongoing and planned action described in the Best Start, Bright Futures: tackling child poverty delivery plan. It acknowledges the need to address structural barriers that limit access to services and support by targeting action to those most in need. This includes action by the NHS in Scotland to reduce child poverty through the NHS Anchors programme, with recruitment, employability, progression schemes and wider work with partners focusing on the six child poverty family priority groups.

### Building Upon Existing Action

Actions within this driver build upon existing action already being progressed under the following, non-exhaustive, list of policies and strategies:

- [Mental Health and Wellbeing Strategy](#)
- [Best Start Bright Futures: Tackling Child Poverty Delivery Plan](#)
- [Early Child Development Programme](#)
- [Early Learning and Childcare Provision](#)
- [Getting it Right for Every Child](#)
- [Keeping the Promise](#)
- [The National Islands Plan](#)
- [National Strategy for Economic Transformation](#)
- [No One Left Behind: Employability Strategic Plan](#)
- [National Carers Strategy](#)
- [National Youth Work Strategy](#)

A healthy working-age population contributes to economic prosperity by providing a vibrant workforce that is 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. The business sector is an important partner for creating health with a key role in creating good employment.

## Conditions for Change

We envision a society where everybody can thrive from early in life and where we have a sustainable, inclusive economy which benefits everyone. We need to ensure that individuals at all ages – from conception into adolescence and from working-age into their older years – are supported to achieve their full potential.

Building upon current action to **tackle child poverty** and prevent and mitigate adverse childhood experiences, we will continue to strive to give babies, children and young people the best start in life, when the foundations for lifelong health and wellbeing are laid. We will continue to benefit from the crucial role that our Children's Services Planning Partnerships play in improving the wellbeing of children and young people in local areas across Scotland. We will invest in midwifery care, our health visiting service and targeted support for young parents through family nurse partnerships to improve **early years and child development**. This also includes ensuring children and young people are able to achieve their full potential whilst in **education** by taking a holistic public health approach to learning.

We will embed a **community wealth building** approach to economic development and do more to harness the full potential of public sector anchor institutions. To further address inequalities, we will ensure greater local wealth retention by growing our economy in a manner that is inclusive for all. This will include the adoption and promotion of inclusive and democratic business models such as social enterprises, co-operatives and employee-owned businesses. We will also work to ensure procurement practices and disposal of public assets achieve the greatest level of value, with benefits extending to communities.

We must support our working-age population and our non-working adult population, including carers in and out of employment, volunteers and older people. We must ensure the system can enable all individuals to participate in the economy and wider society by tackling social isolation and helping them access the support they require. To grow **economic activity**, we will improve the support employees receive to remain in work when facing poor health or with caring responsibilities, as well as continue to help employers support mentally healthy workplaces.

Whilst the Scottish Government continues to allocate over £3 billion a year to a range of actions which help to tackle poverty and mitigate the continued effects of the cost-of-living crisis, we need to go further. We will ensure that those who need income assistance through welfare services can access **income maximisation** support easily within healthcare settings to allow them to appropriately participate in society.

In the medium to long-term our aim is to:

- improve early childhood health and development
- boost equity in educational attainment
- improve workforce participation
- strengthen financial security
- increase local economic resilience
- obtain a greater standard of living across the population

## Building for Our Future

Over the next two years we will progress the following actions with our partners:

### Early Years and Child Development

Take action to reduce the proportion of children with developmental concerns at 27-30 months, including reducing inequalities.

This will include:

- improving continuity of midwifery care to ensure pregnant women and new parents get access to the health and care support and help they need
- meeting our breastfeeding stretch aim to reduce drop off at 6-8 weeks, with babies in Scotland being breastfed for longer and inequalities reducing
- supporting young parents' needs through the Family Nurse Partnership
- improving take-up of Child Health Reviews by delivering the first tranche of actions within the Health Visitor Action Plan, including developing a Health Visitor learning site
- publishing an action plan to support children's early speech and language development, recognising the critical importance of children's early speech and language development for their health, wellbeing and life outcomes

### Education

Develop and deliver a Public Health Approach to Learning.

This will include:

- collaborating with Education Scotland, Public Health Scotland and Police Scotland to enable stronger whole system, collaborative working focused on improving health and wellbeing, education and justice outcomes among our school-aged population

### Economic Activity

Publish a Health and Work Action Plan.

This will include:

- reviewing the evidence for embedding health and disability work advisor models in local healthcare settings
- improving support for people with ill health in work, and those with ill health who wish to return to work, especially those with mental health and musculoskeletal conditions
- assessing (in partnership with UK Government) how the fit note journey can be improved to provide the right support at the right time – including links with occupational health services
- supporting existing occupational health services to maximise capacity and impact
- supporting health boards and partners to maximise impact of health-delivered services related to employment and employment support
- supporting employers to create and promote mentally healthy workplaces, ensuring more people are supported to stay in work, building on the actions in the Mental Health and Wellbeing Delivery Plan (2023-2025)

## **Income Maximisation**

Improve opportunities to ensure that all individuals who require income assistance can access support.

This will include:

- enabling access to income maximisation for families and those most economically vulnerable
- achieving consistent delivery pathways, including in universal services provided through health visiting and family nurse partnerships
- strengthening the NHS's contribution to maximising the incomes of service users, with a focus on families at greatest risk of poverty, following the PHS review of existing pathways and services

## **Community Wealth Building**

Advance community wealth building in Scotland to address economic and wealth inequality by supporting the generation, circulation and retention of more wealth in local economies.

This will include:

- retaining community wealth to benefit the health of the whole population across the life course – from early years to older people
- taking forward the Community Wealth Building (Scotland) Bill
- supporting the local authority-led Community Wealth Building Practitioners' Network to aid consistency and practice-sharing
- analysing NHS procurement spend data to estimate its current local economic impact and identify opportunities to increase its impact

# Places and Communities

## Create healthy and sustainable places by working in and with communities.

What surrounds us shapes our health. Having well-designed, connected and sustainable communities where people can access the activities and services they need and are able to influence the decisions that affect them is important.

People in Scotland live in cities, towns and villages, rural areas, coastal communities and islands – all with unique features, identities and culture. Our homes, transport systems, access to nature-rich blue and green spaces, social networks and the services and facilities available in our communities are all features that contribute to our health.

Local government works collaboratively with NHS Boards, Health and Social Care Partnerships, Community Planning Partnerships, local businesses and community and voluntary organisations to coordinate services to meet the needs of the local population. These wide-ranging services are delivered both directly and indirectly and create the conditions for people to live longer, healthier and more fulfilling lives.

We know there is variation in the quality of our places and communities, which is leading to differing health outcomes and inequalities across Scotland. Further exacerbating inequalities are the effects 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 address these emergencies represents a significant opportunity to improve planetary health, as well as human health and wellbeing.

### Building Upon Existing Action

Actions within this driver build upon existing action already being progressed under the following, non-exhaustive, list of policies and strategies:

- [Mental Health and Wellbeing Strategy](#)
- [Place Principle](#)
- [National Planning Framework 4](#)
- [Local Development Planning Guidance](#)
- [Local Living and 20 Minute Neighbourhoods: Planning Guidance](#)
- [The National Islands Plan](#)
- [Local Governance Review](#)
- [National Transport Strategy](#)
- [Housing to 2040](#)
- [Scotland's domestic climate change strategies](#)
- [Environment Strategy](#)
- [Cleaner Air for Scotland Strategy](#)

## Conditions for Change

The physical and social aspects of our places and communities are all essential building blocks of health. Yet, the extent to which long-term considerations of health and wellbeing are taken into account and balanced against other priorities when making decisions varies.

Delivering improvements to our places and communities requires purposeful consideration of our natural, built and social environments. **Planning** mechanisms, including Community Planning Partnerships and Local Development Plans, are key to improving health outcomes, as they consider the physical environment alongside the composition, distribution and health needs of the local population. The collaborative, place-based working approaches promoted by the [Place Principle](#), together with existing policies and resources like the [Place Standard Tool](#) form a comprehensive and progressive place toolkit for local partners.

The conclusion of the Local Governance Review and establishment of Single Authority Models in three rural and island areas will provide key learning and insights into new place-based approaches for Scotland. Work led by Democracy Matters will also provide blueprints for innovative, democratic community-level decision-making models.

Ensuring communities are at the heart of decisions about their local places is key to achieving meaningful change. Working with local government and communities to understand local need and co-create solutions that draw upon a community's knowledge, assets and resources is essential. The **community and voluntary sector** are critical to enabling this transformation.

Community organisations are often better able to engage people who may be furthest from accessing public services, or who have frequent engagement with services due to their level of need. **Social prescribing** provides an important bridge between the NHS, local government and the voluntary sector, ensuring more people can access community support that benefits their health and wellbeing.

**Climate change** poses serious risks to physical and mental health and wellbeing. Addressing the climate emergency is not only an environmental necessity but also a critical opportunity to improve population health and health equity. Actions such as improving housing, transport and access to green and blue spaces can offer significant population health benefits. These efforts must align with our response to the **housing** emergency and the development of sustainable infrastructure.

In the medium to long-term our aim will be to:

- enhance planning and collaborative mechanisms to improve health and reduce inequalities
- strengthen resilience and sustainability of the community and voluntary sector
- support the growth of prevention focused supports in local communities
- increase social connections and community networks
- develop affordable, high-quality housing and good transport infrastructure
- improve the quality of the built and natural environments, including access to green and blue spaces
- reduce environmental related illnesses and harms

## Building for Our Future

Over the next two years we will progress the following actions with our partners:

### Community and Voluntary Sector

Build a resilient and sustainable community and voluntary sector that supports the creation of healthy communities.

This will include:

- implementing Fairer Funding principles to give organisations the ability to plan for the future and maximise the use of resources and their impact
- applying learning from the Fairer Funding pilot, which has awarded more than £60 million in multi-year funding for projects addressing inequalities across health, education, poverty and culture
- continuing to invest in the Communities Mental Health and Wellbeing Fund, which provides support for those most at risk and therefore most likely to experience poorer mental health, with a focus on prevention and early intervention
- fostering asset-based approaches to enabling the creation of health through powerful local communities

### Social Prescribing

Develop a National Social Prescribing Framework for Scotland.

This will include:

- provision of referral links to health and wellbeing support in local communities
- developing a shared definition of social prescribing in Scotland
- supporting effective models of social prescribing based on existing good practice, including community link working
- improving equitable access and consistency in delivery regardless of the setting
- supporting workforce development and enabling better data sharing
- ensuring social prescribing supports ongoing efforts to tackle social isolation and loneliness

### Planning

Embed health and wellbeing considerations into the development and delivery of Local Development Plans (LDPs).

This will include:

- supporting better collaborative working between Health Boards and planning authorities through Heads of Planning Scotland and the Improvement Service
- sharing contacts within Health Boards for planning authorities to engage with and to enable Health Boards to meet their legal duty to co-operate in the preparation of LDPs
- ensuring meaningful engagement and input from Health Boards and Health and Social Care Partnerships in LDPs specifically providing input to Evidence Reports, Proposed Plans and Delivery Programmes regarding the provision and delivery of health and care services or facilities
- completing of integrated/health impact assessments and strategic environment assessments
- continuing to promote and support the use of the Place Standard Tool
- applying the health and planning resources on [OurPlace.scot](https://www.ourplace.scot)

## **Housing**

Support the contribution of better housing to health.

This will include:

- sustaining national and local cross-government collaboration to ensure inequalities are addressed and health outcomes are maximised as we respond to the current housing emergency
- progressing the Housing (Scotland) Bill – including rent control and the development of a homelessness prevention duty
- progressing joint actions agreed by Scottish Government and COSLA on improving the provision of temporary accommodation and affordable housing

## **Climate Change and Nature**

Maximise efforts to tackle the climate and nature emergencies and recognise the close links between environmental and human health.

This will include:

- embedding health and wellbeing considerations through the delivery of actions and commitments outlined in our national climate and environment strategies
- embedding climate and environmental considerations in our health and wellbeing policies
- taking forward actions aimed at minimising the health harm caused by adverse weather events – heat, cold, flooding and drought
- supporting the development and delivery of the successor to the Cleaner Air for Scotland 2 (CAFS2) Strategy

# Enabling Healthy Living

## Develop supportive environments that promote health and wellbeing and reduce health harming activities.

Having good physical and mental health ensures people can live longer, healthier and more fulfilling lives. Activities that enhance health and wellbeing include eating a varied and balanced diet, limiting consumption of health harming products and being physically and mentally active at all ages.

The forecast rise in disease over the next 20 years is largely caused by preventable diseases, including diabetes, cardiovascular disease, cancer and dementia. Many of these conditions are partly or wholly caused by modifiable risk factors such as alcohol, tobacco and drug use; physical inactivity; poor diet and the cumulative impact of poor mental health.

Culture, communities, our surroundings and our online environments have a significant influence on our ability to make healthy choices. We know that the choices we make are based on the choices we have. The evidence suggests effective ways to prevent ill health include actions that reduce the availability and consumption of harmful products and ensure people affected by substance-related harms receive the right support.

We also know we need to go further to ensure the healthy choice is the easy choice. This is why increasing access to environments and appropriate public services that support health are key to improving the health and wellbeing of people in Scotland. Similar to how well-designed places can encourage greater physical activity through play, walking, wheeling and cycling, improvements need to be made to our commercial environments to improve the products and services available.

### Building Upon Existing Action

Actions within this driver build upon existing action already being progressed under the following, non-exhaustive, list of policies and strategies:

- [Mental Health and Wellbeing Strategy](#)
- [National Good Food Nation Plan](#)
- [Best Start Foods](#)
- [UNICEF Baby Friendly Initiative](#)
- [Health and Wellbeing in Schools](#)
- [Setting the Table Guidance](#)
- [Physical Activity for Health: Framework](#)
- [Tobacco and Vaping Framework: Roadmap to 2034](#)
- [National Mission on Drugs](#)
- [Dementia Strategy for Scotland](#)

## Conditions for Change

The choices we make about our health are shaped, and often limited by, the environments and systems around us. Enabling healthier lives centres on improved nutrition and physical activity to promote healthy weight and prevent cardiovascular disease, cancer, type 2 diabetes and other chronic conditions (non-communicable diseases). To support healthier lives, we need to ensure our **food environments** provide access to nutritious options and that our communities are designed to encourage and enable regular physical activity.

Ambitious outcomes set in the national Good Food Nation Plan will guide action on food policy across Scottish Government. Outcomes set in the Good Food Nation Plans of Health Boards and local authorities will identify local priorities.

We need to reduce the harms associated with health harming products – **tobacco, vapes, alcohol and gambling**. Whilst progress has been made in recent decades, including the effects of public health policies such as banning smoking in public places and implementation and uprating of minimum unit pricing of alcohol, health harming products continue to have a significant effect on health.

We must also continue to address the devastating effects of substance use on individuals, families and communities. With one of the highest **drug** death rates in the developed world, and continuing high levels of **alcohol**-specific deaths, we will seek to improve how people affected by substance use are involved in decisions concerning the design, delivery and monitoring of future services.

We recognise that there is an important window to influence and support the current and future health of mothers and their babies, which is key to delivering primary prevention. As a period where women routinely access services and support, **preconception and pregnancy** provide opportunities to use existing service provision to maximise health promotion and preventative healthcare. Building on what the evidence tells us works, we will work in a holistic, integrated, focused and person-centred way to support healthy life choices, including but not limited to, tackling alcohol, tobacco and drug use.

In the medium to long-term our aim will be to:

- increase access to a healthy, balanced diet
- reduce consumption of health harming products
- increase levels of physical activity
- enable people to receive the right support at the right time for problem drug and alcohol use
- better consider the clustering of health harming activities in national and local responses
- create the first generation free from tobacco addiction
- better understand and address harms from social media
- reduce gambling harms through action supported by the Gambling Levy

## Building for Our Future

Over the next two years we will progress the following actions with our partners:

### Food Environment and Nutrition

Publish a two-year implementation plan of preventative action to improve the food environment and support improvements to diet and healthy weight.

This will include:

- developing legislation to improve the food environment
- increasing the availability and affordability of healthy foods
- adopting evidence-based interventions for tackling overweight and obesity
- supporting innovation to improve the health of people affected by obesity-related conditions, including type 2 diabetes
- supporting wider government priorities such as Good Food Nation, Scottish Dietary Goals, food security, malnutrition and the just transition to net zero to support reducing inequalities

### Physical Activity

Support the implementation of evidence-based physical activity policy actions as outlined in the National Physical Activity for Health Framework.

This will include:

- strengthening collaborative leadership and accountability to actively champion our vision of a more active Scotland through a whole systems approach
- creating active environments, policies and opportunities across all places of learning
- prioritising active travel infrastructure and support and encouraging active travel behaviour
- strengthening access and ensured sustainability of good quality public and green spaces, green networks, recreational spaces, play and sports amenities
- embedding the provision of appropriate physical activity opportunities and programmes between NHS Scotland, health practitioners and physical activity providers
- integrating communications and public education into both national and local strategies for physical activity
- ensuring that sport and active recreation opportunities target people and communities where the need is greatest, whilst supporting those who are already active to remain so
- working towards ensuring that everyday physical activity is supported in workplaces in Scotland

### Tobacco Free Generation

Deliver our initial two-year Tobacco and Vapes Implementation Plan.

This will include:

- implementing legislation to ban single use vapes from 1 June 2025
- taking forward legislation on a four nations basis to phase out the legal sale of cigarettes, creating the first generation free from addiction to tobacco
- setting out the next iteration of actions under the Tobacco and Vapes Framework by 2026

## **Drugs and Alcohol**

Publish an Alcohol and Drugs Plan, building on progress made by the National Mission on Drugs, on how the Scottish Government and partners will reduce alcohol and drug related harms and deaths.

This will include:

- engaging widely with partners, stakeholders and people with lived and living experience
- developing preventative action to reduce the harm caused by drugs and alcohol including reducing the availability, affordability and accessibility of alcohol in line with World Health Organization guidance
- delivering high quality and accessible treatment and care through the embedding of standards and guidance
- promoting a culture change to address stigma and take a person-centred approach
- supporting licensing boards on how the 'Protecting and Improving public health' objective in the statutory guidance can better consider the impact of the sale and consumption of alcohol on health

## **Preconception and in Pregnancy**

Reduce health harming risks during preconception and in pregnancy.

This will include:

- improving action to increase smoking cessation in pregnancy
- investing to provide specific support to develop services for mothers who use drugs and for their babies

## **Healthy Digital Use**

Develop a robust approach to reducing health harms associated with the digital environment.

This will include:

- examining and evidencing the impact of social media on mental health and wellbeing
- identifying effective interventions to prevent harm, in particular among young people

## **Gambling Harm**

Progress interventions to reduce gambling harms as the Gambling Levy comes into operation.

This will include:

- delivering a comprehensive approach to prevention and early intervention
- promoting treatment and support services
- strengthening research and evidence into the causes and impacts of gambling harm

# Equitable Health and Care

## Foster a health and social care system that delivers equity, prevention and early intervention.

Beyond the social, economic and environmental factors described, health and care services play an essential role in promoting, protecting, maintaining and restoring health and wellbeing.

Health and Social Care Partnerships bring health and social care together into a single, joined-up system that provides holistic, person-led care and support, with a focus on anticipatory and preventative care. Central to the local delivery of prevention and early intervention activities are the voluntary sector, community-based organisations, carers (paid and unpaid), social care services, social workers and primary and community care. Improved proactive and preventative management of long-term conditions by these broad, expert teams play a vital role in enabling people to live longer, healthier and more fulfilling lives.

When people do not, or cannot, access timely and appropriate care and support, this is likely to lead to poorer health outcomes and inequalities and can require more extensive and costly treatments. The COVID-19 pandemic reinforced and exacerbated existing inequalities within our communities, particularly among groups with worse health outcomes prior to the pandemic.

The pandemic also demonstrated the impact infectious diseases continue to have on the health of our population. Strong and effective health protection, including pandemic preparedness, is a critical part of our efforts to improve and protect Scotland's health.

### Building Upon Existing Action

Actions within this driver build upon existing action already being progressed under the following, non-exhaustive, list of policies and strategies:

- [Mental Health and Wellbeing Strategy](#)
- [Value-Based Health and Care](#)
- [Getting it Right for Everyone](#)
- [Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan](#)
- [Sexual Health and Blood Borne Virus Action Plan](#)
- [Health Screening: Equity in Screening Strategy 2023 to 2026](#)
- [Women's Health Plan](#)
- [Scottish Allied Health Professions Public Health Strategic Framework Implementation Plan: 2022 to 2027](#)
- [Digital Health and Care Strategy](#)
- [Primary Care Reform Programme](#)
- [General Practice Healthcare Inequalities Programme](#)
- [Oral Health Improvement Programmes](#)
- [Dementia Strategy for Scotland](#)
- [Health and Social Care: National Workforce Strategy](#)
- [NHS Scotland Climate Emergency and Sustainability Strategy](#)

The [Health and Social Care Service Renewal Framework](#) focuses on the delivery of health and care in Scotland, including primary and community care, social care and hospital-based services. This driver seeks to connect the two Frameworks, ensuring a joined up approach to health and social care reform and renewal, acknowledging the role social, primary and community care play in prevention, early intervention, support and treatment.

## Conditions for Change

A strong health and care system not only treats illness but also works to prevent disease and promote, protect and maintain health. Ensuring equitable access to population level prevention, early detection services, care and treatment is fundamental to improving health and wellbeing. This is in addition to the key role the system plays in improving the wider determinants of health across all the drivers and their interconnections.

We will continue to embed [value-based health and care](#) and Realistic Medicine principles to deliver better outcomes and experiences for people through the equitable, sustainable, appropriate and transparent use of available resources.

Appropriate support delivered by a sustainable social care, primary care and community care system is vital, to ensuring people receive personalised care at the right time and place and are supported to live independently in their communities. These services have frequent encounters across our population, build trusting relationships and have potential to deliver more preventative action. We recognise unpaid carers as an essential part of the social care system, enabling people they care for to get the most out of life, and we will continue to work to ensure carers have the right support in place to continue caring.

To provide a healthcare system that is truly equitable for all we must address the causes of low engagement in healthcare, including 'missingness' - the repeated tendency not to take up appointments or offers of care such that it has a negative impact on the person and potentially leads to adverse health outcomes - and **healthcare inequalities** to support the people and communities who need it most.

We will continue to address the barriers and inequalities that exist in **vaccination** and **screening** uptake to maximise our prevention and early intervention efforts. To improve vaccine uptake, we must address negative perceptions leading to hesitancy; and other barriers. Finding disease earlier through screening will lead to better outcomes for people and reduce the future burden on services.

Given the continued threat of infectious disease to Scotland's population health, we must continue to work collaboratively across local, national and international partners through our **health protection** services to ensure the population is protected from infectious and environmental hazards.

Realising our wider aim must also ensure the promotion of good sexual health and wellbeing. This will be achieved through ensuring high quality, innovative **sexual health and blood borne virus (BBV)** prevention, care and support is available to those who need it.

In the medium to long-term our aim is to:

- ensure good quality and person-led health and social care services are accessible and inclusive to all
- improve efficiency and sustainability of services through enhanced and improved proactive prevention and early detection
- mobilise the health workforce to make every contact count
- increase confidence in and accessible approaches to increase the uptake of universal vaccinations and screening
- set targets for elimination of cervical cancer, HBV, HCV and HIV transmission

## Building for Our Future

Over the next two years we will progress the following actions with our partners:

### Healthcare Inequalities

Develop a Healthcare Inequalities Action Plan.

This will include:

- addressing 'missingness' in health services supporting physical and mental health
- ensuring the routine collection, analysis, reporting and use of healthcare inequalities data by key variables including SIMD, gender, age, disability, race and ethnicity to enable better accountability
- embedding equity across the CVD prevention programme and learning from the new Enhanced Service on CVD prevention in General Practice
- building on the Proportionate Universalism approach taken with Childsmile - providing universal services to everyone, but with a greater focus on those with the most significant needs - to consider the application of this approach more widely
- developing the General Practice Healthcare Inequalities Programme to reduce barriers to accessing care
- developing practical guidance on equitable care to support a systemic focus on health equity that reduces missingness and digital exclusion, particularly for inclusion health groups
- supporting health inequalities training and education for health, social care and social work professionals
- addressing stigma and discrimination and racialised health inequalities

### Vaccination and Immunisation

Deliver the actions of the Scottish Vaccination and Immunisation Programme (SVIP) 5 Year Framework and Delivery Plan (2025-2030).

This will include:

- building on the programme's work to increase confidence and uptake, especially in under-served communities
- responding to Joint Committee on Vaccination and Immunisation (JCVI) advice regarding changes to current vaccination programmes and the introduction of new vaccination programmes
- developing Standards for vaccination services, with indicators to assess for the improvement of these services

### Screening

Innovate and improve screening and early detection of disease.

This will include:

- piloting a lung screening programme in Scotland's most deprived areas
- developing a new screening strategy
- publishing a further three-year Screening Equity Plan, supporting our vision of equity in access for all eligible people, across the full screening pathway
- implementing Breast Screening Modernisation recommendations
- responding to the Cervical Cancer Elimination Expert Group's advice which will set out recommendations and timelines required to achieve elimination in Scotland covering: vaccination, screening and cancer treatment services

## **Health Protection**

Support better health protection in Scotland.

This will include:

- establishing a Scottish Pandemic Sciences Partnership
- investing in surveillance tools and capability to ensure we have the surveillance and data needed to: manage disease outbreaks; monitor and respond to the public health effects of climate change; and prepare for future pandemics
- strengthening high consequence infectious diseases (HCID) pathways for assessment and management of suspected cases in secondary care

## **Sexual Health and Blood Borne Virus**

Progress delivery of improvements to sexual health and wellbeing.

This will include:

- progressing actions to improve access to effective contraception
- progressing action to support the elimination of Hepatitis C by 2025 and HIV transmission by 2030
- delivering the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan

# Next Steps

This Framework reflects our shared commitment to improving population health by creating a healthier and more equitable society. It sets out a comprehensive approach to improving life expectancy and achieving greater health equity across Scotland by recognising health is shaped by a broad range of social, economic and environmental factors. To ensure success and sustained progress throughout the upcoming decade, it is critical that effective leadership, accountability and robust monitoring and evaluation are adopted.

## Monitoring and Evaluation

Ensuring our immediate aims and longer term objectives of the Framework translate into meaningful and measurable improvements in health outcomes, a robust system of monitoring and evaluation is required. A detailed approach is being developed to assess progress, identify future challenges and support further refinement of the Framework going forward. This is likely to require a collective effort across different parts of the system.

Additionally, there will be a need for us to understand the potential of ongoing research, for example across academic research, that could provide data and evidence that will help with refining the Framework as well as supporting and tracking progress towards meeting our objectives.

## Monitoring Progress

A crucial part of our ongoing monitoring at both a local and national level will be the Population Health Dashboard. This dashboard has been developed as part of the [ScotPHO](#) online profiles tool to provide data to help inform and support national and local delivery, providing a more rounded assessment of overall health and wellbeing. The dashboard has a variety of indicators structured around the internationally recognised and established 'Marmot Eight'<sup>15</sup> principles to improve health equity.

The dashboard includes data on both life expectancy and healthy life expectancy as well as a range of other indicators to monitor population health outcomes and the wider determinants – including early years, education, work, income, places, environment, discrimination and racism – which influence health and life expectancy.

We will provide updates on progress on a regular basis, setting out the achievements to date as well as an assessment of progress towards meeting our aim.

## Governance and Accountability

Effective joint Scottish Government and COSLA governance and accountability will be integral to delivering on our vision and the ambitions set out in this Framework. We are committed to establishing a strong governance system which is transparent, drives future collaboration and ensures that decision making remains responsive to the future needs and challenges we may face over the next decade.

While the focus of this Framework is the health of the population, it represents a core part of our overall approach to Public Service Reform and a core responsibility of all of government. Accountability for the delivery of the actions set out lies across national and local government and all sectors who have a role in creating a healthier population.

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<sup>15</sup> [Institute of Health Equity's Marmot Eight Principles](#)

## Future Framework Updates

The current Framework provides a foundation for collective action to improve population health and reduce inequalities. Further action will be required over the ten-year period of the Framework.

To maintain momentum and adapt to emerging challenges, we will continue to engage stakeholders to ensure the priorities and actions within the Framework remain relevant and impactful throughout the next decade. The actions and priorities within the Framework will be updated regularly following the initial two year period (at a minimum of every three years) to ensure that our focus remains targeted at the most pressing issues and challenges facing population health.



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The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-83691-594-2 (web only)

Published by The Scottish Government, June 2025

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS1577154 (06/25)

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