

Clare Haughey MSP
Health, Social Care and Sport Committee
Scottish Parliament
Edinburgh
EH99 1SP

Date: 2 March 2026

Dear Ms Haughey,

Public Health Scotland Session

As Chair and Chief Executive of Public Health Scotland we are writing to the Committee ahead of its look at the work of PHS on 10 March 2026, a session that we are pleased to attend.

PHS is focussed on taking forward work that improves Scotland's health and tackles health inequalities. We recently published our new 10-year strategy – Together We Can – which is aligned to the Population Health Framework (PHF). The PHF has partnership and prevention at its heart, both areas that are central to our work.

The PHF was developed with substantial expert input from across Public Health Scotland, alongside other partners. It straddles political cycles which is significant given the long-standing issues Scotland faces, particularly in its most deprived communities. We want to see the PHF implemented in full. Our strategy, attached, is focused on implementation of the Framework and the substantial change that this can bring to Scotland between now and 2035.

We are encouraged that some positive progress is already being made. For example, life expectancy has shown some improvement, cancer survival rates have increased and smoking rates in the most deprived areas have decreased. But at the same time key measures such as healthy life expectancy continue to decline, with a huge gap between the healthy life expectancy of the poorest and the wealthiest communities in Scotland. This, coupled with the demands of an ageing population, leads to long term challenges for the sustainability of public services. A decisive shift right across the system to a prevention focus sits at the heart of the PHF and our Strategy. This is a vital change that we hope the next Scottish Parliament will drive forward through the systems of accountability and oversight that it builds.

2026 provides an opportunity for the next Parliament to agree on the areas that require change, bringing innovation and boldness to the major health and wellbeing challenges we face. Our policy focus document, attached, outlines key priorities for the Parliament to pursue. Public Health Scotland will support with the evidence for these, together with the implementation and evaluation of impact.

We look forward to meeting you in person and to discuss these and other issues on the day.

Yours sincerely,



Ally Boyle MBE
PHS Chair
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Paul Johnston
PHS Chief Executive
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Together we can create a Scotland where everybody thrives

Our 10-year strategy to 2035



Scotland urgently needs lasting improvement in health and wellbeing.

We're Scotland's national public health organisation, and this strategy sets a clear direction to deliver that improvement – one that's ambitious, collaborative and grounded in evidence.

Our 10-year strategy is our commitment to Scotland. It's a **promise**, not a list of aspirations.

It says why, what and how we'll deliver change, and the actions for which we expect to be held to account.

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Direction setting



Ally Boyle, MBE
Chair

We've been challenged to deliver real improvements across every pillar of public health. And that's exactly what we intend to do.

Scotland's people are at the heart of our motivation for change. We'll reduce inequalities and tackle disadvantage as well as deliver fairness, opportunity and hope.

We'll openly listen, learn and lead together. Our focus is on **context**, **connection** and **culture**: we commit to understanding the world we're working in, bringing people and ideas together, and creating the conditions where our collective ambition can truly be achieved.

A handwritten signature in dark ink, appearing to read 'Ally Boyle'.



Paul Johnston
Chief Executive

We want to see everyone have a good start in life, fair work and enough income. Our ambition is for average life expectancy to grow by at least one year over the next decade. It's bold, but achievable.

Within Public Health Scotland, we're committed to working respectfully with expertise, and are always building strong partnerships.

To deliver real, lasting change in Scotland, national and local action must go hand in hand. We need ambitious legislation to tackle growing risks to health and national action that shifts the focus of public services to prevention.

We also need strong local partnerships that tackle poverty, support children and young people, ensure fair work for all, and help us all live well as we age.

A handwritten signature in dark ink, appearing to read 'Paul Johnston'.



By 2035

we want to:

improve average life expectancy
by at least 1 year

narrow the life expectancy gap
between the poorest 20%
of areas and the average



Join us in driving the
change Scotland needs.

Scotland's health now



Data tells us...

life expectancy has started to improve for the first time since 2010.

Health didn't improve for over a decade.

For many, it got worse.



Despite recent improvements, Scotland still has poor health compared to similar countries.

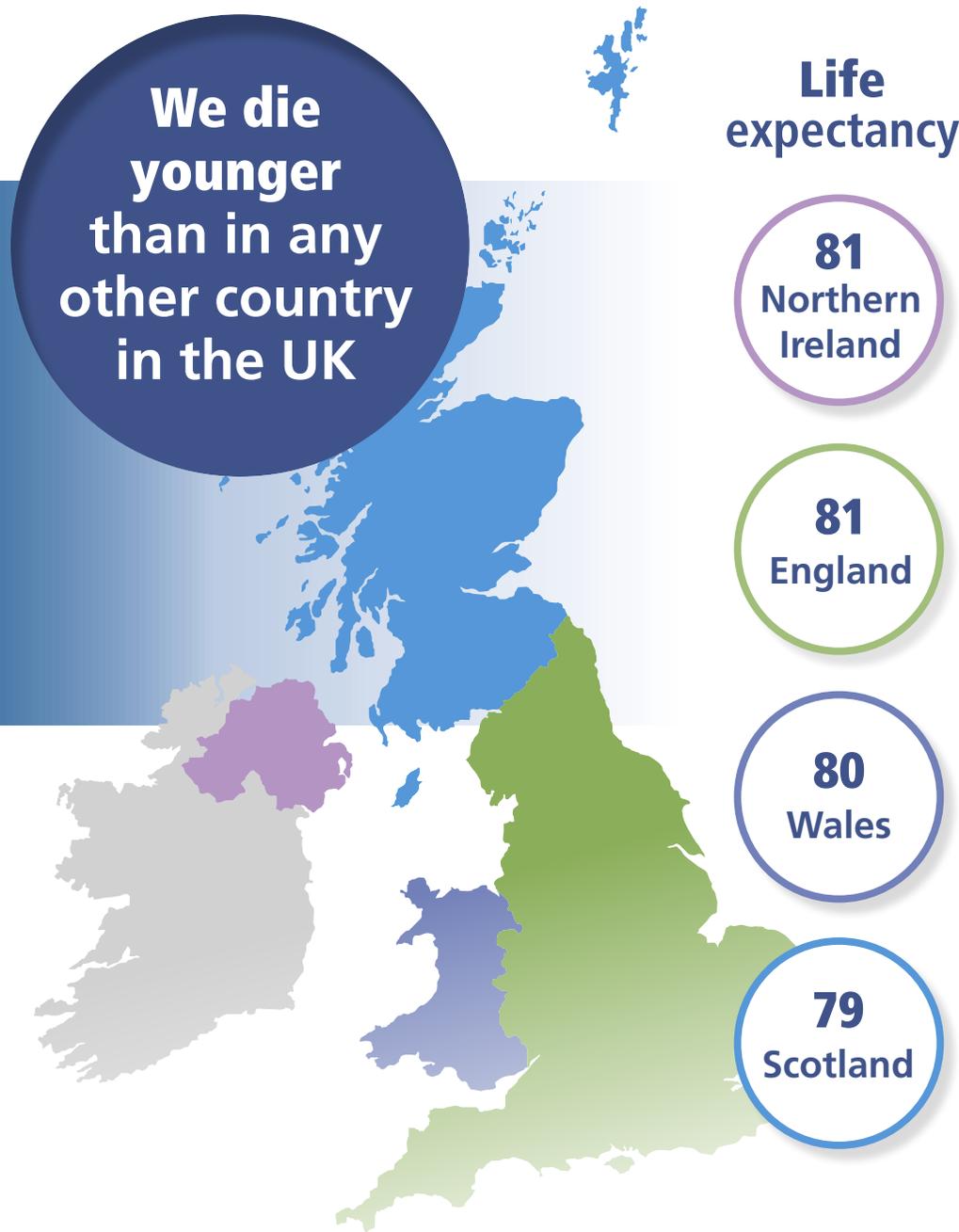
Life expectancy is a common way to measure the health of a country. It tells us how long someone born today would be expected to live if current death rates stayed the same.

Improving health is not just about preventing and treating diseases as we age – it's about avoiding early deaths, reducing infant mortality and improving mental health as well as physical health.



Scan this QR code to find out about life expectancy where you live.

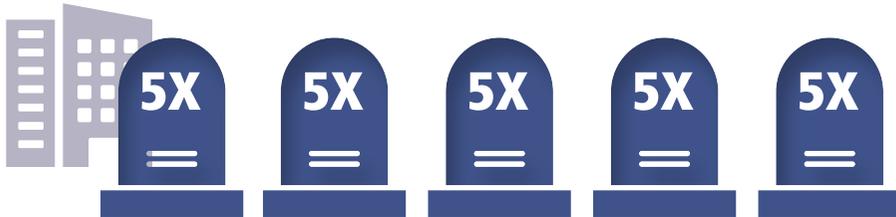
Source: Office for National Statistics.
National life tables – life expectancy in the UK: 2022 to 2024; 2025.



Inequalities are **wide** but can be **reduced**

**Inequalities impact
how long and well
we live.**

People living in our poorest neighbourhoods are nearly **5 times more likely to die from preventable conditions** than those in our wealthiest.



People in our poorest neighbourhoods get **25 fewer years in good health** than those in our wealthiest.



What shapes our health and wellbeing

Our health and wellbeing are shaped by a range of factors, such as our experience of work, income, housing, education, local environment and community.

Some factors are obvious, like how polluted the air is where we live and work, or how quickly we can get access to quality healthcare.

Others are less so, like our access to greenspace, how connected we are to those around us, the available and affordable options when we go shopping, or our exposure to advertising for unhealthy food, alcohol or tobacco.



The factors that shape our health can be grouped into four categories and impact us to different levels.

Health behaviours

which are driven by the availability and affordability of products like healthy food, alcohol and tobacco.

Social and economic factors

, like family income, education and having nurturing relationships from birth.

Our experience of each of these factors can drive inequalities, and characteristics such as ethnicity, sex and disability can overlap and make inequalities worse.



Health services

and our ability to get timely access to quality care.

Places and communities

which support us and allow us to access the activities and services we need.

Scotland's health in numbers

In 2023:



of adults were **living with obesity**

14% of adults did not have reliable access to **enough healthy food**



1,227 deaths were **linked to alcohol**

32,000 hospital admissions were **linked to alcohol***

Over 20% of younger adults were using vapes or e-cigarettes

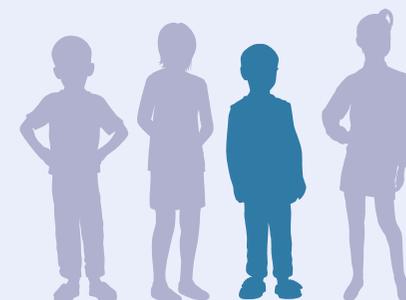


1,172 people died due to **reasons linked to drugs***

11,131 people died from **preventable conditions**

5,417 people died from **treatable conditions**

1 in 4 children were **living in poverty**



*Data from 2023/2024.

Impact of ill health

The demand and cost of care rises as people need more care later in life, but the number of older adults is now greater than the number of children in Scotland. This means there's a smaller working-age population to fund and staff services, creating persistent pressure on the health and care system, and means that more people need to provide unpaid care.

The impact of ill health is projected to rise **21% from 2023 to 2043.**

Health and the economy

Good work contributes to good physical and mental health, and poor health negatively impacts the economy. Long-term sickness contributes to economic inactivity, reducing workforce participation and productivity. Failing to prevent or effectively manage illness – including mental health problems – wastes public finances and hurts business performance.

Long-term illness was the main reason that **working-aged people were not in work** or looking for work in 2024.

Health threats

COVID-19 showed us the damage a pandemic can do. We'll continue to face emerging and evolving health threats, so we need to be prepared for them.

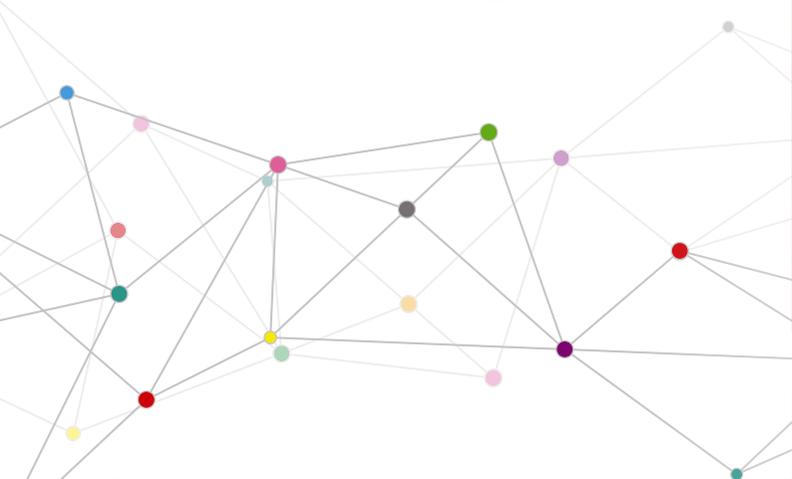
There were around **11,000 excess deaths linked to COVID-19.**

Global trends

Scotland's health challenges are made worse by other factors that influence our economy, such as recessions and wars, meaning there might be less money to spend on health and wellbeing. Climate change is already shaping health, and there are also both risks and opportunities of artificial intelligence (AI) which we need to consider.

But change is possible.
We've improved and
protected Scotland's
health before.

We can do it again.



Over decades, we've eliminated diseases, reduced harms and extended healthy life for many. Our task now is to restart progress for everyone. Gains should not just be for the better off. We need to do this in ways that also sustain services.

We want people, especially the poorest, to spend more of their lives in good health. We also want fewer preventable hospitalisations, shorter waits where care is needed, and better experiences and outcomes.

With clear goals, trusted data and strong partnerships, improvement is within reach. As part of the NHS and accountable to both Scottish Government and COSLA, Public Health Scotland is at the heart of this national effort.

The background of the entire page is a solid blue color. Overlaid on this background is a grid of dark blue arrows. The arrows are arranged in a pattern that is mostly regular but has some irregularities. In the center, there is a white text block. The arrows around the text are arranged in a way that suggests a flow or direction, with some arrows pointing towards the text and others pointing away from it. The overall effect is one of movement and collective action.

Together we can
change the direction
of Scotland's health.

What Scotland's people want

Scotland's people want change. We listen to lived experience and public priorities. Our actions reflect what communities value and need to thrive in their lives and places.

Scotland's people understand that health is shaped by more than healthcare. People want progress on prevention and inequalities, keeping choice and fairness in view.

They support measures that make healthier choices easier and expect businesses to play their part.

The public have heard of Public Health Scotland and they trust us on matters relating to their health.



The voices of the people of Scotland should shape decisions, delivery and outcomes in their communities.

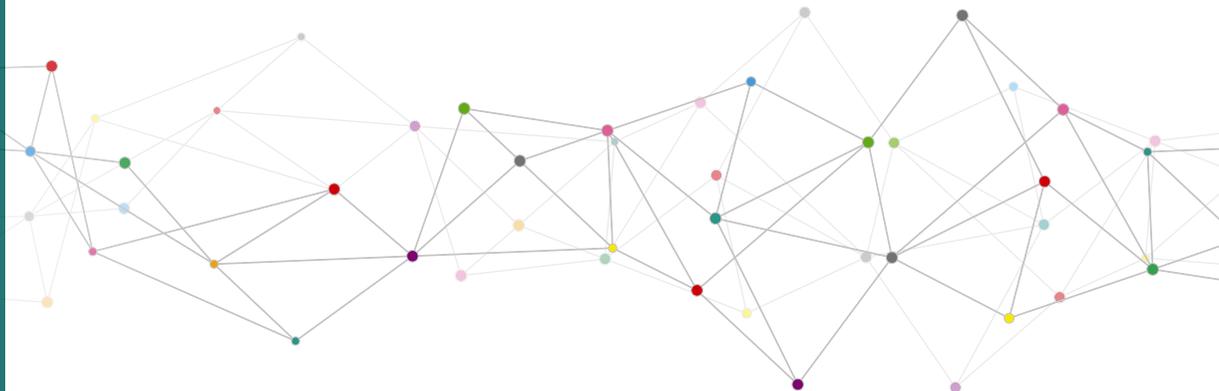


Across Scotland,
people want bold,
practical action that
improves everyday
conditions and
reduces unfair gaps.



‘Empowerment of individuals and communities is absolutely central. Getting the community involved in organising their own destiny has got to be a key part of it.’

— Sir Michael Marmot



What we've heard

People's views and priorities vary depending on their situation. For example, those in more deprived areas are more likely to prioritise cost of living, poverty, access to services and mental wellbeing; the better off tend to emphasise the economy; and younger people place more weight on environment and climate. However, there are common themes.

Equitable access

People want decent work and incomes, safe and warm homes, safe and connected places, fair access to services, and a voice in local decisions.

Access to these building blocks of health is currently unevenly distributed, and people see the consequences daily.

Healthier choices

Many emphasise personal responsibility, but they also expect our government, services and industry to create conditions where healthier choices are easier and fairer.

Research shows strong support for:

- protecting children from harmful marketing
- reducing the visibility and appeal of products that drive harm
- reshaping local environments so active travel and access to healthy, affordable food are more realistic options

People tend to favour enabling and incentivising approaches and can be sceptical of blanket bans – especially if communication feels punitive or out of touch with everyday realities.

A beneficial economy

Many want an economy that improves living standards and wellbeing, not just growth for its own sake. They expect businesses to act responsibly and support measures that align incentives with healthier outcomes.

What we'll do

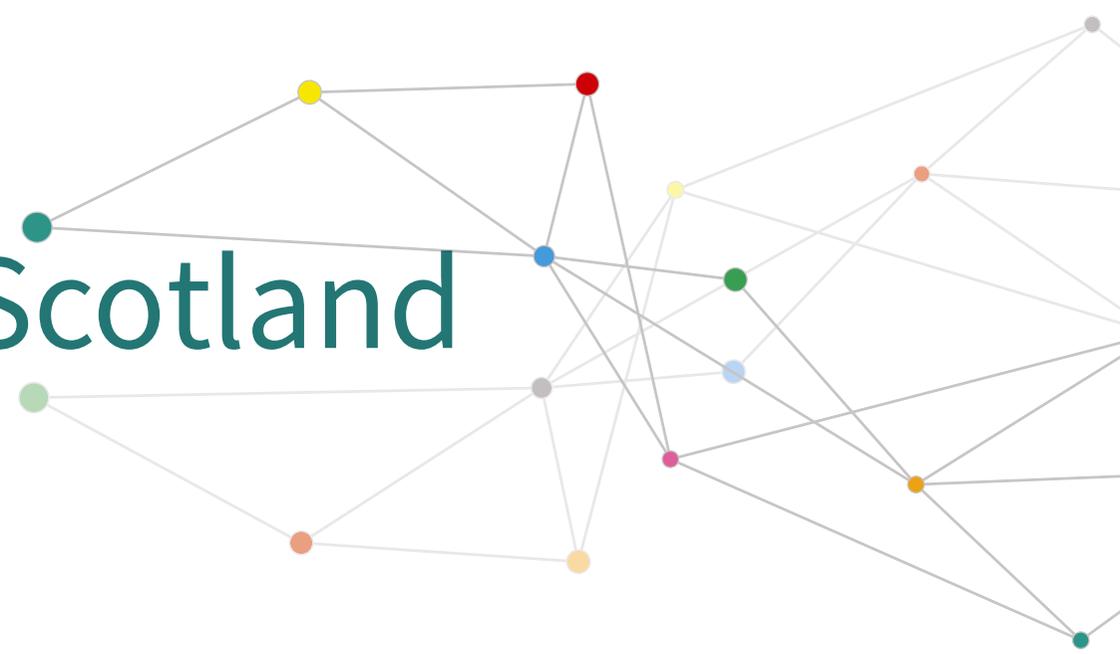
How we work matters as much as what we do, particularly in areas where trust in institutions is low.

We'll communicate openly and clearly, building confidence in our advice as being impartial and grounded in evidence.

Our 2035 vision for a thriving Scotland

Scotland

Driven by robust data and the voices of people in Scotland, we've set an ambitious, but achievable, path for a fairer future.



- ➔ **Close the gap**
No one's neighbourhood, income or background decides how long or well they live.
- ➔ **Prevention first**
Scotland shifts resources upstream to stop problems before they start.
- ➔ **Protect Scotland's health**
Scotland is ready, responsive and resilient to health threats.
- ➔ **Healthy start for every child**
Every child has the best possible start, free from poverty.

- ➔ **Thriving whole life**
Everyone enjoys more healthy years, not just the better off.
- ➔ **Fair access, faster care**
Everyone gets timely, high-quality care, especially those in the poorest areas.
- ➔ **Champion mental health and wellbeing**
Mental health is valued, support is available and stigma is reduced.

- ➔ **Data for action, insight for all**
Scotland is a world leader in using trusted data, AI and lived experience to inform decisions.
- ➔ **Healthy places, healthy people**
Every community is designed for health.
- ➔ **Reduce harm from tobacco, alcohol, drugs and unhealthy food**
Scotland sees the greatest improvements in the communities that need them most.

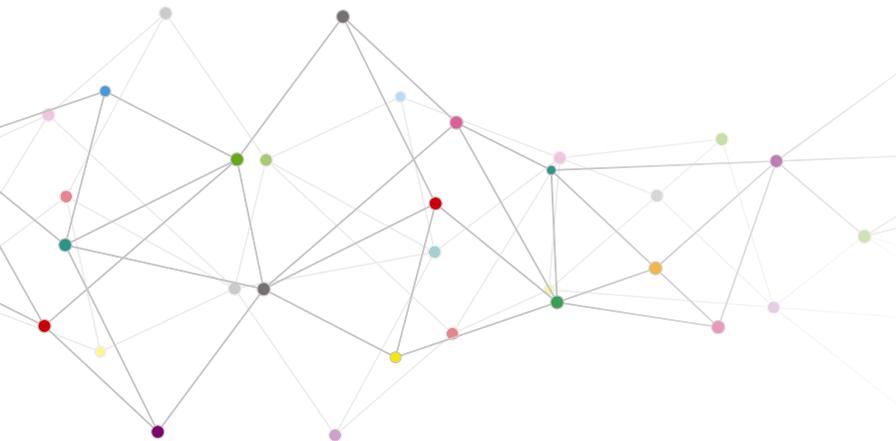
Evidence into action

To create a Scotland where everybody thrives, we've set actions that will turn evidence into real, visible improvements in people's lives.

We fully support the goals of the **Population Health Framework** to improve health and wellbeing and reduce inequalities. Our actions are closely aligned with this framework, as well as with the **Service Renewal Framework** and the **Public Service Reform Strategy**.



We recognise that we're one part of a wider system, and it's only by working together that we can drive meaningful change and shape a better future for Scotland.



The five drivers we'll focus our actions on are:

1. building a prevention-focused system
2. improving social and economic factors
3. strengthening places and communities
4. enabling healthy living
5. providing equitable access to health and care

To make sure we're delivering the greatest impact, we'll publish a yearly report on Scotland's health. This report will show the progress we've made against each of these drivers, highlight the challenges we face and set out evidence-based actions to drive further improvement.





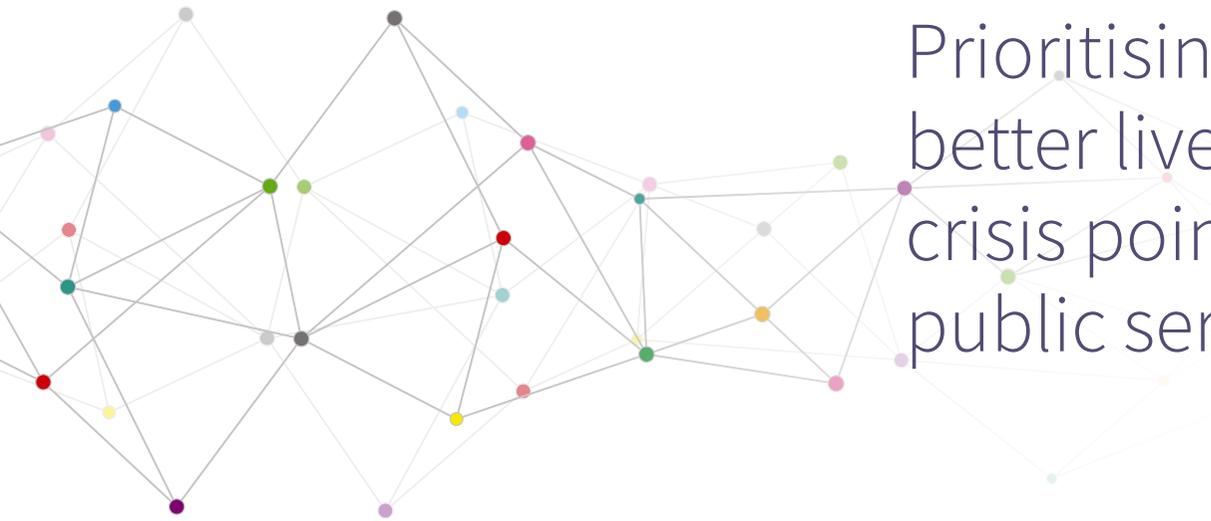
01

Building a prevention-focused system

We'll work to embed prevention into planning, budgeting and how we're held accountable as a country that invests in health and wellbeing.



Prioritising prevention will mean better lives, fewer people reaching crisis point and more sustainable public services.



What we want to achieve

By 2028

- public bodies have a shared approach to tracking and increasing the proportion of their spend on preventative work
- key national and local decisions are being routinely informed by evidence about the likely impact on health outcomes
- community planning partners have shared outcomes linked to the Population Health Framework and Service Renewal Framework
- health and care services are using equity indicators in tracking performance
- public bodies are enabled and held accountable for sustaining prevention spend

By 2035

- a greater proportion of the public sector budget is spent on prevention

How we'll achieve it

By working in partnership, we'll:

- identify, track, monitor and incentivise preventative spend
- redesign planning and budget cycles in line with public service reform principles
- strengthen collective leadership and shared accountability to improve population health outcomes through community planning partnerships
- embed health into other policy areas and health impact assessment in key policies, programmes and decisions by developing tools, guidance and support
- shift funding and resources towards those with the greatest needs (i.e. proportionate universalism)
- ensure that prevention and equity indicators are fully integrated across all our data platforms
- develop a suite of resources to ensure national and local policies consider the longer-term health and financial impacts of decisions
- deepen and build on our innovative Scottish Prevention Hub collaboration with a focus on the enablers of a prevention-led system



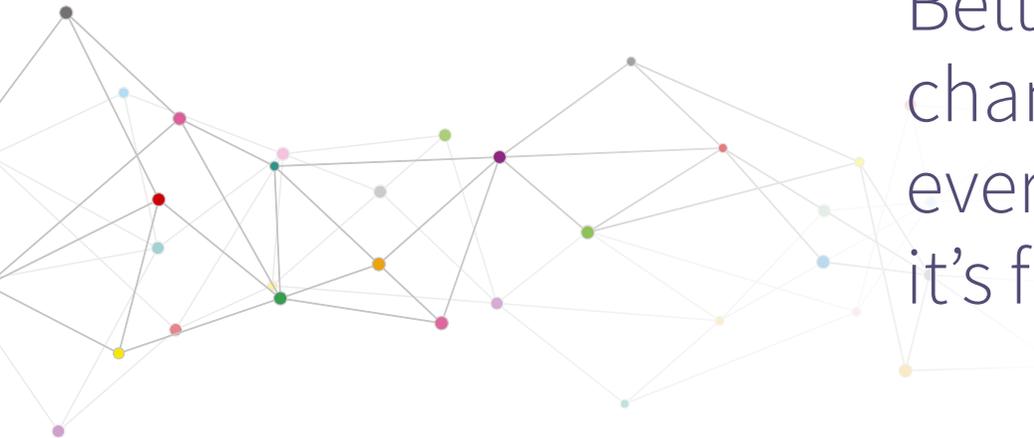
02

Improving social and economic factors

Health is shaped by incomes, work, housing and learning. We'll equip decision-makers with evidence and tools to create fairer conditions – reducing inequalities and building the foundations that let people and places thrive.



Better conditions mean fairer chances. Health should improve everywhere, but fastest where it's furthest behind.



What we want to achieve

By 2030

- Scotland has achieved its targets for child poverty and fully delivered its commitments in **The Promise**. These targets are to ensure that children and young people in care in Scotland grow up loved, safe and respected

By 2035

- reduced inequalities in, and the overall proportion of, children with developmental concerns at 27–30 months
- narrowed the life expectancy gap between the 20% of poorest areas and the national average

How we'll achieve it

By working in partnership, we'll:

- inform national, regional and local economic strategies so they consider how they can improve population health
- improve the impact of income maximisation pathways embedded in health and community services
- provide policy and economic evidence on fair work, poverty reduction and affordable, quality housing to show equity effects, including costs and benefits on physical and mental health
- support impactful child and family wellbeing interventions, and deliver our public health approach to learning. We will ensure our work is implemented in line with the United Nations Convention on the Rights of the Child
- implement and evaluate work on whole family wellbeing to improve holistic and wrap-around care to the families that need it most by sharing evidence, actionable insights and emerging best practice
- support a just transition and make the most of the health opportunities in Scotland's response to climate change
- better understand and address the key drivers of economic inactivity through ill health



03

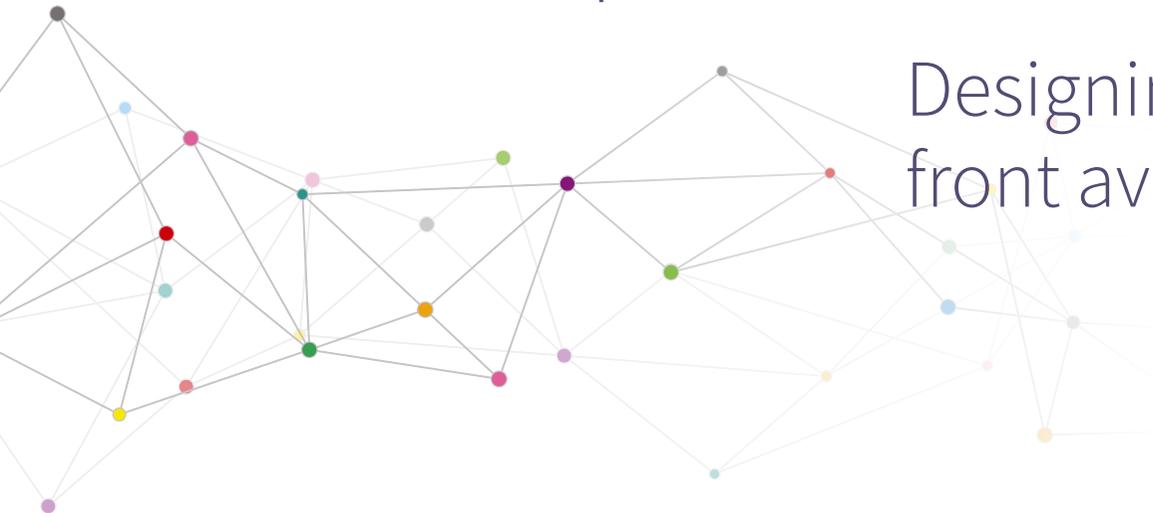
Strengthening places and communities

Healthy, connected places make healthy lives possible.

We'll partner with community groups, youth work, and sports, culture and arts bodies to develop health-sustaining neighbourhoods that support connection, exercise and safety. We'll do this by using shared data and lived experience.



Designing places for health up front avoids harm and costs later.



What we want to achieve

By 2028

- Collaboration for Health Equity in Scotland (CHES)* areas show measurable improvements that will lead to improvements in health
- community planning local outcome improvement plans can evidence prioritisation of the Population Health Framework

By 2035

- community planning areas can demonstrate sustained improvement in outcomes across the building blocks of health
- population health outcomes are fully integrated into local partnership strategies and delivery plans across Scotland
- CHES areas show measurable improvements in health outcomes

*CHES is a partnership between South Lanarkshire, North Ayrshire and Aberdeen City councils with the Institute of Health Equity and Public Health Scotland to improve health and reduce inequalities.

How we'll achieve it

By working in partnership, we'll:

- deliver CHES, applying the learning from three initial areas to support all of Scotland
- provide evidence and data that help partners identify the local actions most likely to improve population health outcomes and reduce inequalities
- enable national and local climate policy and interventions to be informed by the evidence on health inequalities
- support social prescribing, linking primary and community care services with physical activity, nature-based activities, culture and the arts to strengthen community connections and improve physical and mental health
- enable community planning partnerships to deliver Population Health Framework priorities in their local outcome improvement plans and locality plans
- work with the community and voluntary sector to develop and implement a strategic approach to strengthen the sector's role in improving population health
- embed health and wellbeing considerations into national planning frameworks and delivery of local development plans
- continue to invest in working closely with Directors of Public Health, community planning partners and the Community Planning Improvement Board



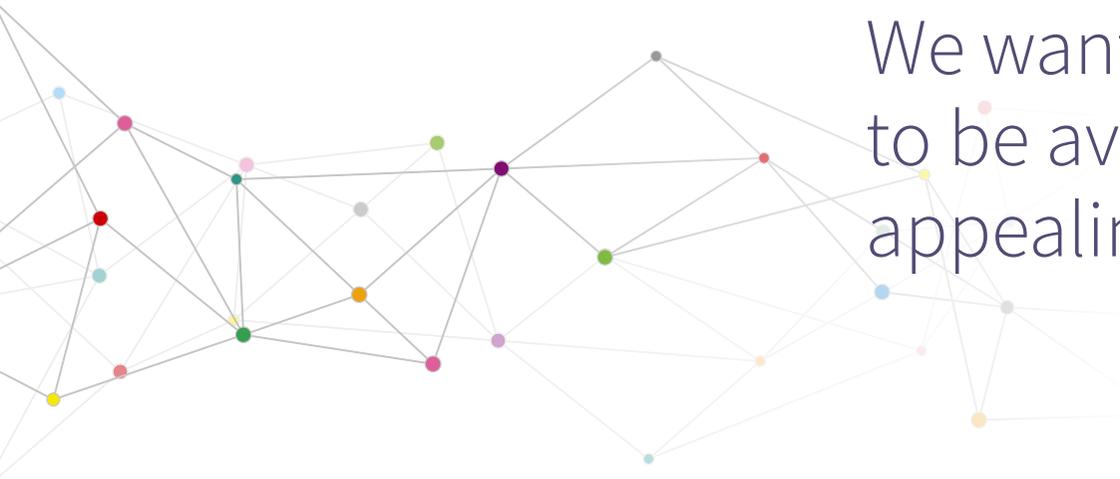
04

Enabling healthy living

We'll work to reduce inequalities and the harms from tobacco, nicotine, gambling, alcohol and unhealthy food, and support physical activity and mental wellbeing. We'll do this by supporting the development of policies, environments and services that prioritise prevention and reach those who need support most.



We want the healthy options to be available, affordable and appealing for everybody.



What we want to achieve

By 2028

- new evidence-informed policies and actions are in place to improve the affordability and availability of healthy food
- new evidence-informed policies and actions are in place to reduce the harm linked to inactivity, alcohol and tobacco

By 2035

- the rate of obesity in Scotland is halved
- the rates of death linked to alcohol and drugs are down on 2025 rates and are reducing
- smoking is less prevalent in areas of high deprivation and a smoke-free generation is created

How we'll achieve it

By working in partnership, we'll:

- provide evidence, data and advice to support legislation, policies and prevention efforts (e.g. Good Food Nation) to reduce exposure to harmful products by tackling accessibility, affordability, availability, price and promotions, prioritising protections for children
- partner with others (e.g. schools, workplaces and public sector estate) to create environments to make the healthy option the easy option
- work with partners to implement and show the impact of support services for drinking, smoking cessation and weight management
- continue to support prevention in drug deaths and other harms from substance use by strengthening upstream action, early intervention, and person-centred and effective support
- provide clear public-facing information, explaining what works and why, to address misconceptions
- promote a place-based approach to working with local areas to address the physical and commercial environments
- evidence the impact of social media on mental health and wellbeing and identify effective interventions to prevent harm linked to the digital environment



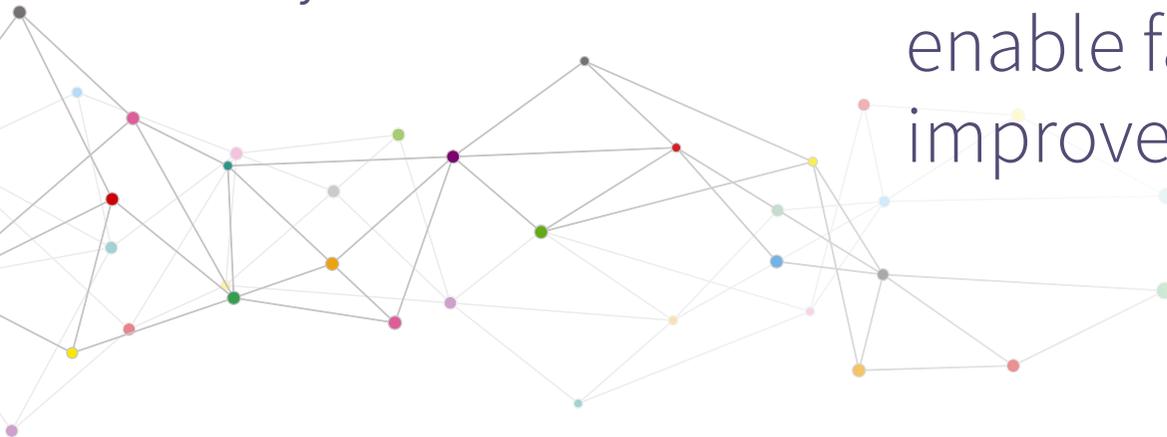
05

Providing equitable access to health and care

Health and care must work for everyone. We'll strengthen our approach to healthcare public health, and share data and insight to find and close equity gaps in access, experience and outcomes. We'll invest in protecting health by focusing on readiness for emerging and evolving threats, prevention and early intervention.



We'll protect the vulnerable, enable fair access and improve experiences.



What we want to achieve

By 2028

- people get the right care at the right time – waiting times continue to come down with improved specialist availability reducing healthcare inequalities
- improved digital access empowers those who use health and social care services

By 2035

- health and social care services are high quality, sustainable and are delivering the right outcomes for individuals and communities
- harms from infectious disease, environmental public health threats, emerging or re-emerging health protection threats and sexually transmitted infections are reduced
- people are able and confident to get vaccines – vaccination uptake rates meet or exceed population protection thresholds
- inequalities are reduced in screening uptake, service access, experience and outcomes
- access to services is fair and equitable, ensuring improved outcomes and experience for everyone

How we'll achieve it

By working in partnership, we'll:

- take a population-based approach to improve health and wellbeing
- make sure Scotland is ready for future pandemics and serious infectious diseases
- develop and implement a comprehensive and integrated intelligence and surveillance system for population health intelligence
- implement the Adverse Weather Health Plan to help protect people's health from the impact of extreme weather
- improve population sexual health and wellbeing by addressing issues affecting specific groups including young people and the impact of social media
- advance plans to detect, monitor and respond to diseases spread by vectors (e.g. insects and ticks)
- support NHS boards to use equity analytics to identify and act on gaps in access, experience and outcomes
- help NHS boards plan and improve services by providing data and insights and leading a national strategic assessment of population needs
- enable the health and social care system to allocate resources, prioritising prevention and upstream investment
- enable NHS boards and partners to do everything they can to get people into fair work

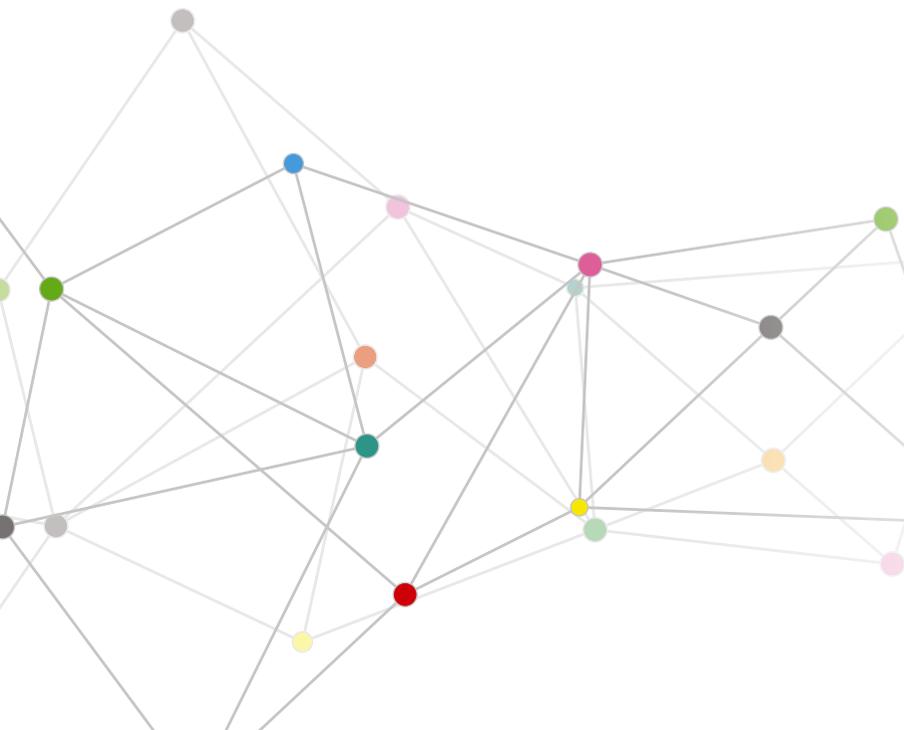
Delivering impact

Public Health Scotland delivers impact through the talent, passion and expertise of its people. We succeed by working together, learning together and reporting openly on what matters most.

Public Health Scotland is made up of people from a range of backgrounds, professions and areas of expertise. We're united by our determination to work together to improve lives in Scotland.



Our values of respect, innovation, collaboration, integrity and excellence are at the heart of how we work.



Creating a thriving Scotland needs everybody in Public Health Scotland to work together.



We work together to:

- protect health – we maintain readiness for infectious diseases and environmental hazards
- improve health – we tackle the root causes of ill health and inequalities
- inform decisions – we use evidence, data and intelligence to provide timely advice to inform decisions at every level
- enable action – we bring together all our functions to turn insight and advice into action

We do all this by leading collaboratively – with and through others.

We all have a role to play.

Protecting health

To protect Scotland from infectious diseases and environmental hazards we:

- work to prepare and respond to pandemics, outbreaks and other emergencies
- lead Scotland's vaccination and immunisation programme
- continually transform how we work, through staff training and development, strengthening and harmonising our surveillance systems and our laboratory networks

Being adaptable and resilient

Health threats evolve constantly. The pandemic showed that we need to be ready for a wide range of scenarios from new, emerging and re-emerging infectious diseases, antimicrobial resistance, environmental health hazards and the risks caused by climate change.

Focus on equity

Health threats and how we respond affect different parts of the population differently. We need to be able to understand and address these differences.

Preventative action

We'll continue to use an approach that recognises the links between ecosystem, animal and human health (this is called a 'one-health' approach). We'll strengthen this to inform our risk management and preventative activity, and promote collaboration across sectors to enhance surveillance and early warning through integrating human, animal and environmental health.

How we can achieve this

We'll:

- provide accurate and trustworthy advice and information to challenge false health information
- play a key leadership role in pandemic preparedness and host the Scottish Pandemic Science Partnership
- strengthen our laboratory and genomics capabilities to facilitate detection and response, and translating our data into impact
- continue to develop our one-health functions including around antimicrobial resistance
- strengthen our approach to the health protection surveillance framework. This will enable us to embed an upstream one-health approach and develop and focus on information for action, equity and longer-term and wider outcomes
- use one-health data to provide intelligence for collaborative approaches to upstream preventative interventions
- continue to implement the 5-year vaccination and immunisation framework and delivery plan
- explore innovative approaches to gather and use public health data to inform our work

Improving health

We improve health by making prevention practical, equity visible and progress measurable with national and local partners.

Social and economic factors

Almost every aspect of our lives influences our health, from our jobs to where we live, the food we eat, our homes, our social connections and our early childhood experiences. We'll continue to provide data, evidence and practical advice to shape legislation, policy and practice related to these fundamental drivers of health.

Prevention and early intervention

We support systems to invest in prevention. However, we'll provide more support so our partners can shift resources upstream. This will enable better individual outcomes alongside reductions in demand on downstream treatment and support services.

In everything we do, we seek to reduce health inequalities, so everyone in Scotland has the same opportunities to thrive.

Empower people

We'll empower people by:

- working to make the healthy option the easy, affordable, accessible and appealing option
- providing accessible and trusted information which equips everybody to make informed decisions about behaviours that will impact their health

Collaborative innovation

We collaborate with others to design, test and scale innovative approaches to health improvement. We'll continue to convene stakeholders, sharing learning and supporting evaluation so that effective interventions can be adopted widely. We'll go further in delivering bold action on commercial determinants – including tobacco, alcohol and unhealthy food – while supporting targeted help for those who need it most.

How we can achieve this

Working together with our delivery partners we'll:

- strengthen our work on combining data and evidence to enable better decisions about where to focus resources for maximum impact
- strengthen local partnerships and collaborative leaderships by convening and supporting networks that capture, synthesise and share learning to improve population health and reduce inequalities
- capture barriers to implementation and work with partners to remove them
- develop and implement innovative approaches to evaluating the impact of actions, plans and policies

Informing decisions

We inform decisions by providing trusted data and clear insight, turning evidence into action.

Health data and intelligence

We'll continue to monitor trends in service performance, health outcomes, inequalities and risk factors. This enables partners to identify emerging issues and target interventions where they'll have the greatest impact.

We'll continue to uphold the Code of Practice for Statistics, modernise and link data, and publish methods and datasets openly.

Policy and service design

Our healthcare public health function equips policymakers and service planners to shape health and care services to meet the population's health needs. We'll continue to work with policymakers, planners and service providers to interpret data and evidence and model future scenarios, ensuring that decisions are grounded in robust analysis.

Our modelling and evaluation capabilities help test the potential impact of new policies, regulations and service changes before they are implemented. We'll continue to partner with others to maximise the public benefit of the data we manage.

Future generations

We'll develop, curate and store data to inform the decisions of future generations, as well as our own.

Transparency and public engagement

We're committed to transparency, publishing our methods and findings openly and engaging with the public to build understanding and trust. We'll further support communities and stakeholders to use health intelligence for local improvement, and we'll invest in tools, training and guidance to build analytical capacity across Scotland.

How we can achieve this

We'll:

- modernise data across primary, secondary, social and community care, and expand social determinants and equity datasets
- keep the statistics we publish relevant to users, developing new ones and retiring outdated ones to match users' needs
- invest in infrastructure and governance for safe linkage and timely insight
- use AI and predictive modelling for deeper insights to anticipate need, identify risk patterns and target proactive action
- provide independent, high-quality statistical reporting for Scotland's health and care system, supporting public understanding and policy decisions, comparing across Scotland, the UK and internationally
- invest in advanced modelling capabilities to inform future policy and resource allocation decisions

Enabling action

Who we are

As public servants and data stewards, we want to be trusted advisors, valued contributors and indispensable partners.

Our values and culture

Collaboration, respect, innovation, excellence and integrity will continue to guide how we work and determine what it feels like to work with us.

Accountability

As set out in our Performance Framework, we'll continue to report simply and regularly, so we're open about where we're making progress, where we need to adapt and how we're working together for Scotland's health.

We report on our progress throughout the year. Our portfolio of cross-organisational programmes connects us and brings teams together. Annual delivery plans and annual reports cover our activities in the short term, while quarterly performance reports track progress. We will publish an annual population health and inequalities report, drawing on our wealth of evidence and expertise to offer insights and an update on progress as we deliver on the key issues outlined in our strategy. The multi-year plans we produce every three years give a more strategic overview.

Workforce

Our commitment to equality, diversity and inclusion is reflected in our mainstreaming plan, recruitment, development and staff networks.

Research, innovation and improvement

We act as a bridge between research and practice, collaborating with academic and practice partners to translate evidence into action. We'll continue to support rapid evaluation, knowledge mobilisation and the spread of successful innovations.

Prioritisation and delivery

We'll focus effort where our contribution is vital – balancing long-term prevention and near-term improvement, and adapting as evidence and context change. We'll stop doing things if it allows us to better take action to achieve the ambitions of our vision and the Population Health Framework.

How we can achieve this

We'll:

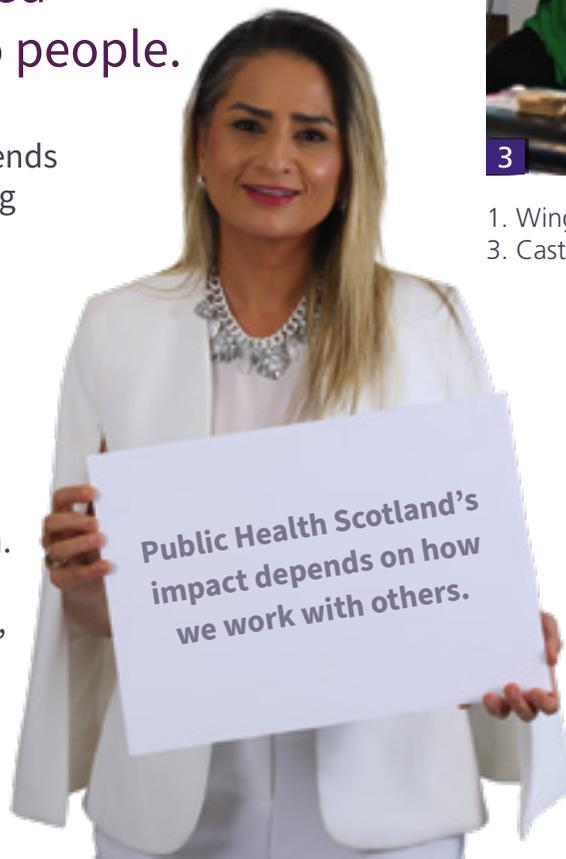
- continue to invest in supporting learning, improvement and leadership development
- continue to work with trade unions to create an inclusive, supportive workplace where everyone can contribute and thrive
- continue to support rapid evaluation, knowledge mobilisation and the spread of successful innovations
- invest in innovative approaches, like CHES and the Scottish Prevention Hub
- be bold in prioritising action that will benefit the public, as stewards of public funds

Leading through collaboration

Our role is to bring people together, enable change and share accountability, so evidence turns into action nationally and locally. We'll be open about choices, clear on roles and focused on results that matter to people.

Public Health Scotland's impact depends on how we work with others. We bring together partners to build shared understanding and joint solutions.

Our convening power comes from our trusted status, reliable data and commitment to evidence-informed advice. We support strategic needs assessments, population health planning and cross-sector innovation. We're explicit about roles, responsibilities and decision-making, and we prioritise co-design and ongoing engagement.



1. Wing Hong Chinese Elderly Group 2. Amma Birth Companions
3. Castlemilk Youth Complex 4. Indigo Childcare Group

We'll keep listening, learning and adapting so our partnerships deliver real impact for Scotland.

Public health combines the science of what works with the art of working with society to do it.



Collaboration means more than partnership. It means shared accountability, open decision-making and co-design with those who know their communities best. Collaboration is how change happens.

We work with COSLA, NHS boards, local government, business, the voluntary sector and national partners to align priorities, pool expertise and deliver joined-up action.

We're committed to listening and responding.

How we lead, collaboratively

Bring people together

We bring together partners from across the public, voluntary, and community sectors. We use our position as Scotland's national public body for population health, as well as our expertise and analytical capacity, to broker conversations and drive joint action.

We facilitate policy development, population health planning, health protection response and the development of cross-sector solutions. Our role is to ensure the ambitions, principles and priorities of the Population Health Framework are embedded in policy and practice, and that local priorities are reflected in national strategy.

Enable implementation

We provide evidence, data and practical tools to support implementation – whether it's building health into other policy areas, place-based approaches or tackling health inequalities. We help partners understand trends and emerging issues, what works, evaluate impact and share learning. Our support includes capacity-building, training and tailoring advice for local systems.

Co-design

We prioritise ongoing engagement with stakeholders and communities. We use lived experience and qualitative insights to shape interventions, and we're transparent about how feedback is used. Our 'this is what we heard, so this is what we changed' approach ensures that input leads to action, and we publish regular updates on progress.

Shared accountability

We're clear about roles and responsibilities, and we work with partners to define shared outcomes and measures. We align with COSLA, NHS boards, directors of public health, local government, education and policing, and the voluntary sector to ensure that everyone is accountable for delivering impact.

What we want to achieve

- By 2028, partners report stronger collaboration, clearer roles and more joined-up action.
- By 2035, shared accountability is the norm, and Scotland's health outcomes reflect the power of collective leadership.

Our pledge is to lead and support work to protect and improve health, inform decisions and enable action to improve life expectancy and reduce health inequalities in Scotland.

Of you, we ask:

Scottish Parliament: continue Scotland's proud history of world-leading public health legislation

Local government and community planning partners: put health and equity at the heart of local planning and investment

NHS boards, and Health and Social Care Partnerships: embed prevention and equity in operational decisions

Scottish Government and COSLA: sustain the Population Health Framework's long-term prevention ambition, align incentives and accountability for upstream results

Community and voluntary partners: co-lead where you're closest to the problem and the solution

Business and employers: play your part in creating fairer work and healthier environments, and prioritise products that support health – especially for children

Together we can create a Scotland where everybody thrives.



Translations



Easy read



BSL



Audio



Large print



Braille

Translations and other formats are available on request at p hs.otherformats@p hs.scot

Public Health Scotland is Scotland's national agency for improving and protecting the health and wellbeing of Scotland's people.

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Delivering a Scotland where everybody thrives



In the next five years, action in the Scottish Parliament has the potential to transform health and wellbeing in Scotland for the long term.

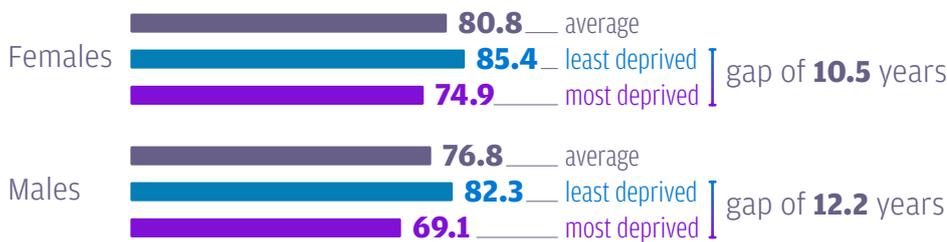
Scotland's life expectancy is the worst in Western Europe, and the gap in healthy life expectancy between the wealthiest and poorest is more than 25 years.

Determined action can change this.

We have clear evidence on the action needed to improve health and wellbeing. This briefing sets out specific and evidence-based proposals for change.

Life expectancy is low, especially for those in more deprived areas

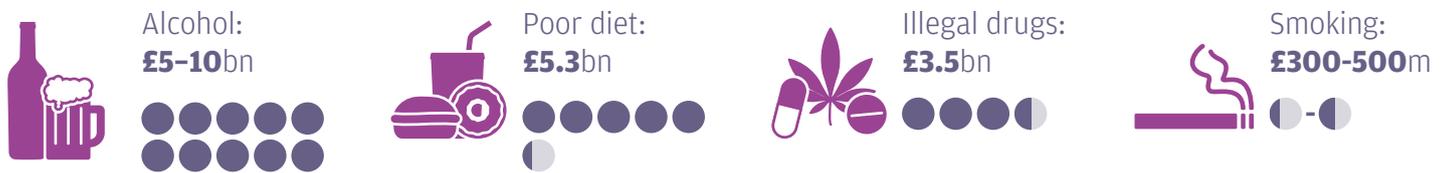
Life expectancy 2021-2023



Health inequalities mean that people in Scotland's poorest communities can expect to live only two thirds of their lives in good health.

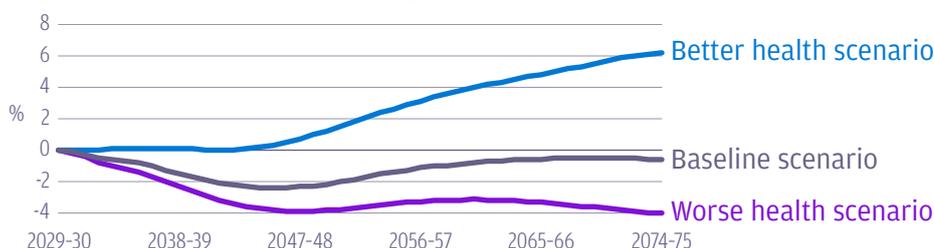
Source: National Records for Scotland, 2025

Health risks cost Scotland's economy billions every year...



...but bold public health action can make a difference.

Gap between devolved spending and funding



The better health scenario shows savings of £4 billion in 2074-75, while the worse health scenario shows of £3 billion deficit for the same period.

Source: Scottish Fiscal Commission, 2025

Money spent on prevention helps to free up resources

Primary prevention

Investing in the building blocks of health to stop problems happening in the first place.

Secondary prevention

Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm.

Tertiary prevention

Minimising the negative consequences (harm) of a health issue through careful management.

High

Impact on population health

Low

Prioritising the building blocks of health

An individual's health is shaped by the social and economic conditions around them — the physical environment they live in, the opportunities available to lead a healthy life, and their ability to access timely and effective health and care services. Coordinated action across these areas, combined with a focus on preventing ill health, will improve population health, strengthen Scotland's economy and ensure that everyone can thrive.

Full implementation of the Population Health Framework (PHF)

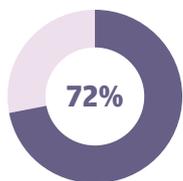
Scotland's Population Health Framework, which PHS helped to produce, provides a robust foundation for a sustained, cross-party, long-term action over the next Parliament. It is clear from the evidence that to reduce health inequalities and increase life expectancy we should strive to implement the PHF in full. We have used the PHF to identify specific actions that will secure change (see pages 4–8).

Public support for targeted action



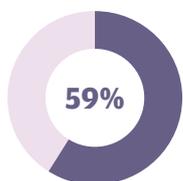
Agree industry should have more responsibility for the harm its products cause

Source: Diffley Partnership, 2023



Strongly support action on health inequalities related to **geography**

Source: The Health Foundation/IPSOS, 2021



Support taxing high fat, salt, and sugar products

Source: The Health Foundation/IPSOS, 2021



Strongly support action on health inequalities related to **income**

Source: The Health Foundation/IPSOS, 2021



Support taxing tobacco availability using licensing

Source: The Health Foundation/IPSOS, 2021



The role of Public Health Scotland

To help drive change, PHS is working to embed well evidenced ‘Marmot principles’ nationally and locally. These principles recognise that lives are shaped by an organised system that can be changed. To do this we must target services for those most in need and work together in a co-ordinated way, including business and third sector partners.

The ‘Marmot 8’ principles

- 1 Give every child the best start in life.
- 2 Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- 3 Create fair employment and good work for all.
- 4 Ensure a healthy standard of living for all.
- 5 Create and develop healthy and sustainable places and communities.
- 6 Strengthen the role and impact of ill health prevention.
- 7 Tackle racism, discrimination and their outcomes.
- 8 Pursue environmental sustainability and health equity together.

Innovative Collaboration

Public Health Scotland contributes to reform by providing robust public health data and evidence to local and national partners, enabling better decision-making, more effective services, and improved population health outcomes. Current examples of using our networks to explore new ways of working and help drive reform include:

Collaboration for Health Equity Scotland

CHES is a partnership between PHS and Sir Michael Marmot’s UCL Institute of Health Equity. The two-year project links Local Authorities, NHS Boards, and Community Planning Partnerships in Aberdeen, North Ayrshire, and South Lanarkshire

We are working to address two key questions:

What are the most impactful areas for intervention to make meaningful progress in closing inequalities in healthy life expectancy?

How can national and local organisations work more effectively to close the gap between the policy intent and impact in these areas?

Learning from CHES is being shared nationally.

Scottish Prevention Hub

The Hub is a national partnership between PHS, Police Scotland, and the Edinburgh Futures Institute at Edinburgh University.

The Hub is focused on supporting primary prevention and the reduction of inequalities in health and wellbeing in Scotland by:

- fostering system-wide partnerships
- building capacity for complex collaboration
- bringing together data, research, policy, evidence and practice, in a way that takes a whole-system approach to prevention.



To discuss further, email: p hs.chiefexecutive@p hs.scot

Delivering a Prevention Focussed System

As our population ages, poor health and persistent health inequalities continue to drive up demand on public services, threatening their long-term sustainability. Reforming public services, particularly by prioritising prevention to stop problems before they start, offers a powerful opportunity to change this trajectory. While targeted interventions are essential, we also need a broader, collective shift in how the system works, one that spans all five pillars outlined in the Population Health Framework and embeds prevention, equity, and collaboration at every level.

The challenge



1 in 5 Non-Communicable Diseases (cancer, heart disease, stroke, diabetes and lung diseases) are preventable.

source: [NCD Alliance Scotland](#)



£772m

The cost of obesity alone to NHS Scotland is estimated to be **£772** million.



Resources are often used to deal with immediate problems to deliver short-term results.

For every £1 invested in prevention the public gets back:



£46 for legislation (i.e. Smoking ban)



£34 for vaccines (i.e. Covid, HPV)



£5 for improving healthcare (i.e. disease management)

source: [BMJ Journals | Return on investment of public health interventions: a systematic review](#)

Three key actions for the next Parliament

- **Drive real change through increased accountability:** reform the approach to accountability to focus on outcomes, linking funding to delivery. Use the Public Service Reform Strategy and National Outcomes Review to secure closer collaboration between organisations and the communities they serve, with clear expectations on Community Planning Partnerships to deliver evidence-based change.
- **Learn what works:** progress can't be taken for granted. Ensure ongoing monitoring and evaluation, tied to accountability, to share best practice and continuously improve prevention across the public sector.
- **Actively prioritise prevention spend:** establish a new category of preventative spending and set a target to increase primary prevention spend as a proportion of public sector budgets, including through Community Planning Partnerships.

Learn more

- [The PHS Guide to Prevention](#)
- [The Scottish Leaders Forum 'Leadership, Collective Ownership and Delivering the National Outcomes' report](#)
- [The DEMOS Revenue, capital, prevention: A new public spending framework for the future report](#)
- [Audit Scotland's 'Fiscal sustainability and reform in Scotland' report](#)

Improving social and economic conditions across Scotland

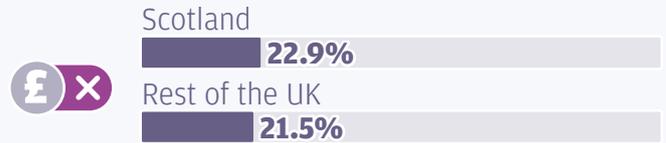
Health is shaped by a range of social and economic factors. By ensuring the best start in life for our children we can achieve better health over a lifetime. Those experiencing severe and multiple disadvantage have much worse health outcomes and lower life expectancy. A good education can lead to a decent income, increased tax revenue and a reduced reliance on welfare systems. This in turn supports wellbeing, and ultimately leads to stronger, thriving communities.

The challenge



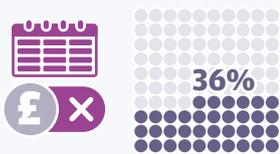
Nearly one in four children (**23%**) in Scotland live in relative poverty, with a similar number reporting mental health issues.

source: [Scottish Government | Poverty and Inequality in Scotland 2021-24 / Children and Young People's Commissioner Scotland](#)



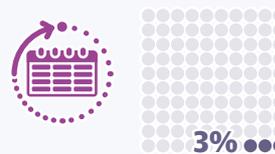
Economic inactivity in Scotland (**22.9%**) is higher than the rest of the UK (**21.5%**) and rising

source: [Scottish Government | Labour Market Trends: March 2025](#)



Long term sickness is the main reason for economic inactivity in the UK (**36%**) and rising

source: [ONS | Rising ill health and economic inactivity because of long-term sickness, UK: 2019 to 2023](#)



Only **3%** of people with work-limiting conditions return to employment after a year out of work

source: [The Health Foundation | Action for healthier working lives](#)

Three key actions for the next Parliament

- **Supporting families:** focus on whole family support approaches to redesign public services and improve outcomes, similar to the Sure Start model.
- **Reducing economic inactivity:** work closely with employers, including businesses, to support people to thrive at work, prevent illness, and help people return after illness. For example, paying the Real Living Wage, providing flexible working, and creating good jobs and access to ongoing skills training in the areas of highest poverty to help to counter longstanding trends.
- **Reduce poverty and improve financial security:** tackle poverty through a sustained focus on the delivery of existing Child Poverty commitments. Prioritise measures to promote work, reduce living costs (housing, childcare, transport) and a new 'essentials guarantee' in social security.

Learn more

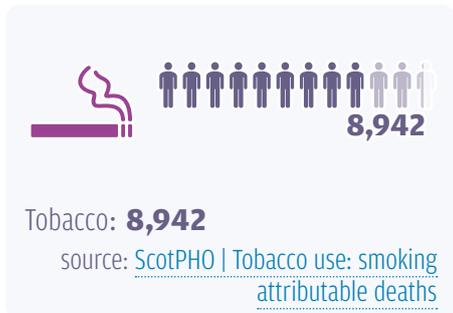
- [An evaluation of the Sure Start model from the IFS](#)
- [The Centre for Social Justice's 'Economic Inactivity in Scotland' report](#)
- [The Joseph Rowntree Foundation's 'Guarantee our Essentials' report](#)
- [The final report of the Independent Minimum Income Guarantee Group](#)

Enabling healthy living

Many diseases are preventable. Maintaining a healthy weight, regular physical activity, avoiding tobacco and reducing alcohol consumption are some ways in which individuals can stay healthy for longer. However, simply advising people to live healthier lives isn't enough. Instead, we need to empower people with genuine freedom of choice, by making healthy options just as accessible, convenient, and appealing as less healthy ones.

The challenge

Tobacco, alcohol and drugs lead to more than 11,000 preventable deaths every year in Scotland:



Three key actions for the next Parliament

- **Champion positive legislation:** make healthy options more affordable, available and accessible than unhealthy options through ambitious legislative and fiscal policy interventions on health harming commodities.
- **Tobacco free generation:** back the successful delivery and implementation of legislation to make tobacco and vaping use a thing of the past, helping to save nearly 9,000 lives a year.
- **Promote shared responsibility:** work intensively with the retail sector, public bodies and other nations in the UK on interventions to improve nutritional standards and transform the food environment. This includes measures such as a healthiness target for large retailers, increased progress with reformulation and implementation of the Good Food Nation Plan.

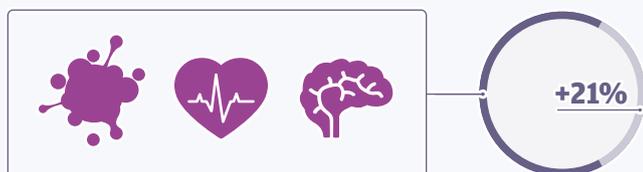
Learn more

- [The NCD Alliance's ten-year vision for a healthier Scotland report](#)
- [The Business of Health Equity: The Marmot Review for Industry](#)
- [PHS — Scottish Directors of Public Health consensus statement — Improving Scotland's diet and weight](#)
- [NESTA healthy weight campaign](#)

Equitable health and care

We can narrow the health gap between rich and poor by building a health and social care system rooted in equity, prevention, and early intervention. Directing services in proportion to the needs of each community is key to tackling inequality. Scotland's successful Childsmile programme, a national oral health initiative, is a powerful example of how targeted, preventative approaches can make a lasting difference.

The challenge



The burden of disease in Scotland is forecast to increase **21%** by 2043. Two-thirds of this rise will be due to increases in cancers, cardiovascular disease, and neurological conditions

source: [PHS | Scottish Burden of Disease Study](#)

£2.3bn



£2.3 billion of health boards' budgets is directed at responding to the impacts of poverty

source: [IPPR | Government failure to eradicate poverty holds back economy and damages livelihoods, new research reveals](#)



Children living in more deprived areas are less likely to take up the vaccines than children living in less deprived areas, or receive their vaccines later

source: [PHS | Childhood immunisation statistics Scotland](#)

Three key actions for the next Parliament

- **Increased focus on population health:** ensure all organisations working in health and social care are held to account for the impact that they are having on the improvement of health and wellbeing in Scotland for the long term, alongside effective performance in the short term.
- **Vaccines and immunisations:** increase vaccine uptake and reduce inequalities by providing equal, efficient access to vaccinations and immunisations, including addressing false health information.
- **Prioritise targeted action:** direct services towards those communities with the greatest health needs, such as community link workers in primary care settings and targeting screening and vaccination. As part of this process, examine how digital innovation and AI can streamline systems and free up capacity.

Learn more

- [Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan](#)
- [The PHS Targeting according to need — proportionate universalism guide](#)
- [Scotland's Population Health Framework](#)
- [Scotland's Health and Social Care Service Renewal Framework](#)

Place and communities

The quality of places and communities across Scotland varies significantly. People living in the most deprived areas often face the poorest housing conditions and are disproportionately exposed to climate-related risks. Empowering communities to shape decisions that reflect their experience is not only vital for improving health outcomes — it's also a cornerstone of a healthy democracy.

The challenge



34% live in properties that don't meet the Living Home Standard
source: [Shelter Scotland 2018](#)



People in the 20% most deprived areas are more likely to say neighbourhood problems were common than those in the least deprived (**72%** compared with **39%**)

source: [Scottish Government | Scottish Household Survey 2022: Key Findings](#)



Only **1 in 5** people are involved in decisions about local public spaces
source: [Scottish Government | Scottish Climate Survey 2025: main findings](#)

Three key actions for the next Parliament

- **Strengthen Community Planning Partnerships (CPPs):** by increasing the role and function of CPPs we can enable local systems to better reflect Population Health Framework priorities and shift to prevention.
- **Recognise the role of and provide multi-year, fair-funding for third sector partners:** with close ties to communities, the third sector plays a crucial role in supporting preventative health services in areas ranging from mental health to housing.
- **Embrace the benefits of social prescribing:** backed with adequate training, mainstream social prescribing and promote the benefits of making greater use of green and blue spaces for physical and mental wellbeing.

Learn more

- [The Local Government Association's 'Reforming the local government funding system in England' report](#)
- [The PHS position on reframing the National Planning Framework](#)
- [Current work to promote active travel on the Sustrans website](#)
- [The PHS Transport Poverty: a public health issue report](#)