

# A Scotland where everybody **thrives**

Public Health Scotland's strategic plan 2020–23



# Chair and Chief Executive's Welcome

## Welcome to Public Health Scotland's first strategic plan.

As Scotland's new national organisation for public health, we are ambitious in our vision for Scotland. We were established to do things differently to tackle Scotland's public health challenges, and this strategic plan says how we will do that.

It sets out:

- **what** we will focus on
- **how** we will do it and
- how we will measure our **impact**.

While ambitious, we are confident that by working with others across the country, we can achieve great things for our communities. Together we can.

The plan builds on the engagement and the evidence gathered throughout **public health reform**. It is a three-year rolling plan which we will review regularly, drawing on evidence and listening to our partners. We will continue to engage as we develop the detail that underpins this plan.

Collaboration is this plan's theme. In Public Health Scotland, we know we cannot do this alone. We need to work with and through our partners. Scotland's response to COVID-19 has shown us what we can achieve when we work together across organisational and sectoral boundaries. To make a positive difference to our public health challenges we will all be challenged to do different things and do things differently.

We share the Scottish Government's ambition for Scotland to have a world-class public health system. We are proud to play our part in working to prevent illness and improve community wellbeing in Scotland. We know that **together, we can create a Scotland where everybody thrives**.

Jim McGoldrick,  
Chair



Angela Leitch,  
Chief Executive



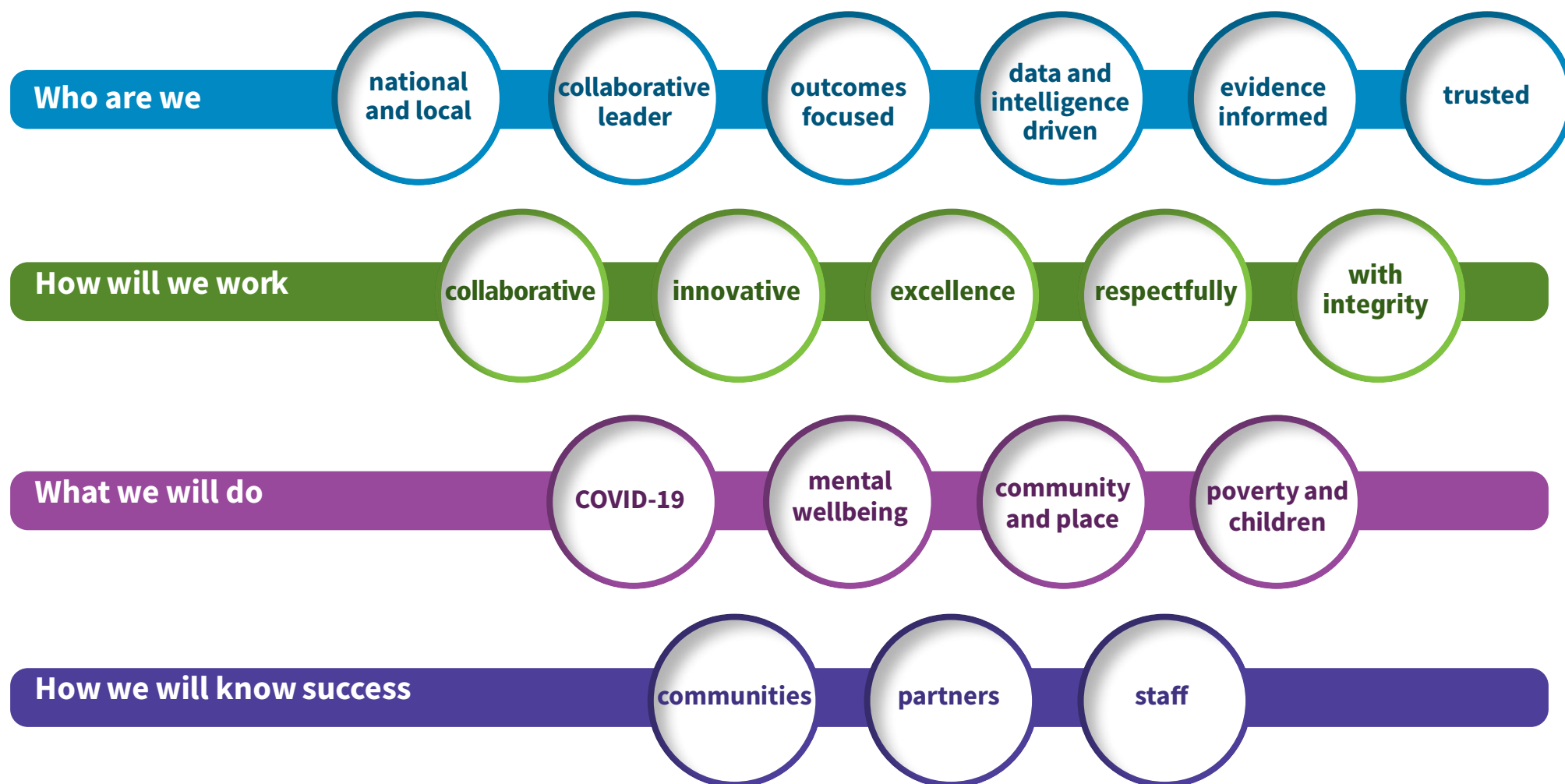
# Contents

Chair and Chief Executive's <b>Welcome</b>	2
Strategic plan, <b>at a glance</b>	4
Our <b>vision</b>	5
Scotland's <b>health and wellbeing</b>	8
<b>Who</b> we are	11
<b>How</b> we will work	16
<b>What</b> we will focus on	19
Showing <b>impact</b>	25
Next steps	27
Appendices	28

# Our strategic plan, at a glance

Why we are here

A Scotland where everybody thrives





# Our vision



A Scotland where  
**everybody thrives**

This strategic plan is part of building a new approach to public health in Scotland.

**We have an ambitious vision:**

# a Scotland **where everybody thrives**

We want to see a Scotland of flourishing communities. Communities need health and wellbeing to succeed.

Community health and wellbeing is complex. Its foundations include: an inclusive economy with good work, quality housing and education, accessible and effective health and social care services, clean open spaces, and water and sanitation.

Scotland faces considerable health and wellbeing challenges: COVID-19, our relatively poor life expectancy, health inequalities and climate change – to name just a few. If we, as a society, continue to do the same things, the same way, we will not address these challenges.



## Solid foundations

Public Health Scotland's mission is to lay a solid foundation that supports long-lasting good health and wellbeing for all our communities – especially the most disadvantaged.

A whole system of people, organisations and groups are responsible for different parts of the foundations of community wellbeing. This includes, but goes far beyond, the NHS. Local government is responsible for many of the foundations for community health and wellbeing. The third sector and community planning partners, like police and fire services, play a vital role too.



## Collaborative working

We can only do this by working closely with other organisations and sectors.

A Scotland where everybody thrives is a Scotland where people, organisations and groups join forces to create the foundations for communities to flourish.



# Scotland's health and wellbeing



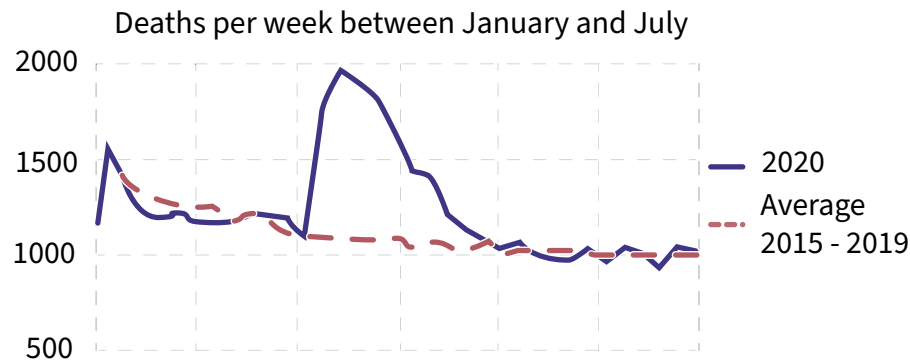
**Everybody** has the right to health



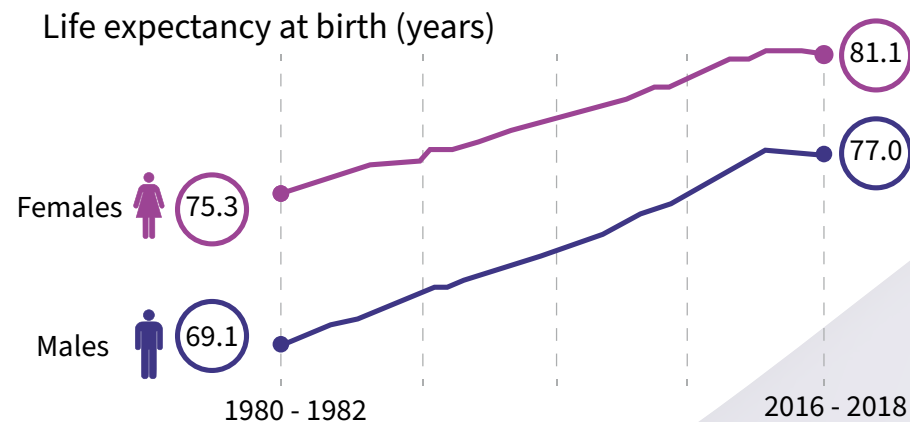
# Scotland's challenges

Scotland faces significant health and wellbeing challenges:

**COVID-19.** Thousands of people in Scotland have died as a direct result of COVID-19. The indirect impact of COVID-19 on Scotland's health, economy and society will affect thousands more.



**Life expectancy** is relatively poor and has not improved since 2012.



**Health inequalities** are wide and have worsened over the last 10 years.



**Climate change's** potential to affect the foundations of community health and wellbeing – foundations like safe drinking water, sufficient food and secure shelter.

These are considerable challenges. Everybody has the right to health. Scotland needs to act to prevent illness, reduce inequality and improve health now.

## Scotland's opportunities

Scotland has never been in a better position to work together to improve its health and wellbeing.

- The [National Performance Framework](#) describes the Scotland we want to create. It uses outcomes that reflect the values and aspirations of the people of Scotland. The framework gives Scottish public bodies a shared set of goals to collaborate towards.
- [Scotland's public health priorities](#) define six priority areas for organisations and groups across Scotland to work on together to improve health and wellbeing. They were developed during [public health reform](#) and endorsed by national and local public and third sector bodies.
- **Community focus:** Leadership can, and does, come from communities, people with specific problems or experience, or from experts or people delivering services. The Community Empowerment (Scotland) Act 2015 established community planning as the basis for public service providers to work together with local communities to shape and deliver better services.

- **Data:** Advances in computing and our increasingly technological lives mean well-analysed data now has the potential to offer more intelligence and insight than ever. By linking and sharing data across public services, we can identify issues more easily and evaluate them faster.
- **Public Health Scotland's joint sponsorship** by the Scottish Government and the Convention of Scottish Local Authorities (COSLA) shows a commitment from the two spheres of government in Scotland to have communities at the heart of everything Public Health Scotland does.

**Scotland has  
never been in a  
better position to  
work together to  
improve its health  
and wellbeing.**

# Who we are



**national  
and local**

**collaborative  
leader**

**outcomes  
focused**

**data and  
intelligence  
driven**

**evidence  
informed**

**trusted**

As a public health organisation, we:

- focus on the health and wellbeing of Scotland's communities
- emphasise preventing disease, prolonging life and promoting health and wellbeing so people live longer, happier lives
- support and enable partners to act together.



### Three ways to prevent ill health and improve health and wellbeing.

The World Health Organization divides prevention into three types.

1. Improve the foundations of community health and wellbeing to prevent people becoming unwell in the first place (e.g. immunisation, preventing the spread of diseases or promoting healthy behaviours)
2. Identify illness early, so it can be treated faster and more effectively (e.g. screening)
3. Improve treatment and recovery in health and social care services

It is impossible to eliminate ill health. For example, only around 40% of cancer cases in Scotland have preventable causes. However, we can improve healthy life expectancy by identifying illnesses early and by effectively treating them. Often people in communities with the poorest health are least able to access services.

In Public Health Scotland we help:

- action to stop people becoming unwell
- share data and intelligence on the health needs of communities
- share data and intelligence on the performance of services so they can improve.



Public Health Scotland brings together Scotland's national resources for the three domains of public health: health improvement, health protection and healthcare public health.



### What are the three domains of public health

The 'domains of public health' is a way of thinking about the different aspects of public health practice. The domains are:

- **health improvement**, which focuses on improving the underlying determinants of health
- **health protection**, which incorporates communicable disease control, environmental and other threats to health
- **healthcare** public health or health service quality improvement, which looks at healthcare systems and service quality, practice, effectiveness and economics.

In reality, these domains overlap and often action is required in all three domains.

In Public Health Scotland, we have a national role in each of the domains.

(Source: [Griffiths et al.](#))

## A **national** and **local** organisation

As a national body, we will shape and implement national policy to prevent illness and improve health and wellbeing.

Recognising the diversity of Scotland's communities, we will work with and support local partners to make an impact for people and communities at a local level.

We will support and enable local action by providing specialist services and capabilities that are best done once, nationally.

## A collaborative **leader**

We are Scotland's national public health body. We will support and enable other organisations to join forces and take action.

We will work closely with other leaders for the public's health such as the Scottish Government, COSLA and the Scottish Directors of Public Health. Together, we will promote and encourage collective action towards Scotland's outcomes [for wellbeing and health](#) and [priorities for public health](#).

## An outcomes-focused organisation

We contribute to many of the outcomes in the **National Performance Framework**. Our main contribution will be to the health outcomes, and specifically the indicators on:

- improving **healthy life expectancy**
- reducing **premature mortality**.

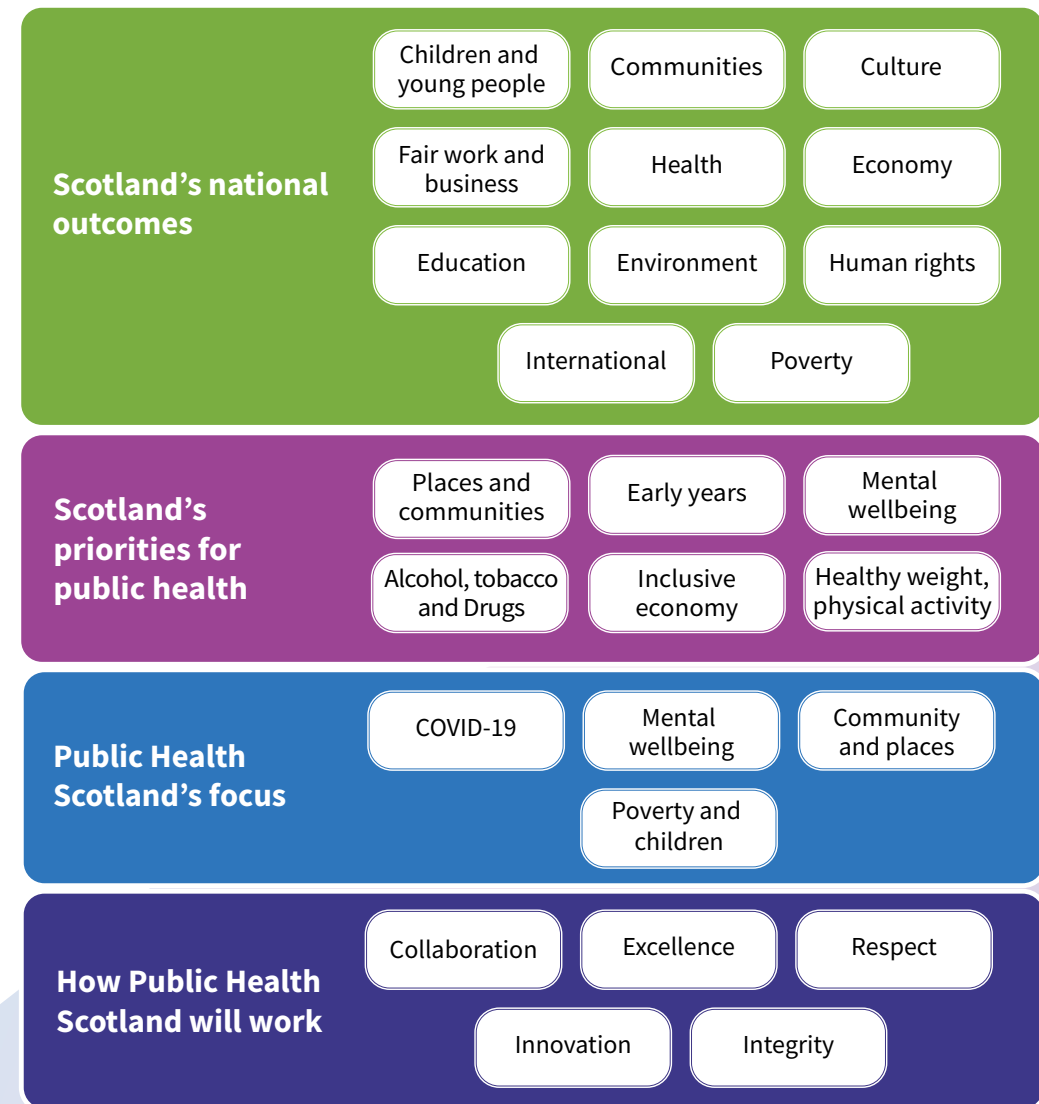
There are avoidable differences for some people in these outcomes. We will seek to reduce inequalities in these outcomes.

## A data- and intelligence-driven organisation

We have access to and collaborate on an enormous range of data both on Scotland's health and wellbeing, and on health and social care services. This includes a wealth of data and intelligence vital to helping people access quality services, like our cancer services data.

We will continue to develop and improve the quality and linkages between different sets of data. We will use the full range of data – national and local, quantitative and qualitative – to offer vital intelligence to our partners. This will inform their decisions to improve the health and wellbeing of Scotland's communities.

We will be clear on how our work aligns to Scotland's National Performance Framework



## An **evidence-informed** organisation

We will provide the best evidence to help inform decisions and spending on services and policies that can affect health and wellbeing. We will generate evidence contributing to the understanding of how to prevent illness and improve health in Scotland, the UK and internationally.

## A **trusted** organisation

As a publisher of official statistics for health in Scotland, we occupy a position of trust. We will make sure our statistics are reliable, high quality and offer public value.



### What are official statistics?

An official statistic is a statistic that is:

1. produced by an organisation named in law
2. referred to as an official statistic by that organisation.

Public Health Scotland is named as a producer of official statistics in law. You can find information on the official statistics we produce at [www.publichealthscotland.scot](http://www.publichealthscotland.scot)

The UK Statistics Authority regulate official statistics.

# How we will work



collaborative

innovative

excellence

respectfully

with  
integrity



We need to **do things differently**, if we are going to be successful in creating a Scotland **where everybody thrives**.

We will develop the **‘how’** in partnership.

We will be **collaborative, innovative, excellent, respectful** and **work with integrity**. The more we embody these values, the more successful we will be as we join with others to improve community health and wellbeing.

## **Collaborative:** working together

### **We will:**

- establish purposeful partnership based on shared outcomes
- pay attention to how we work with others and always seek to be a better collaborator
- work with communities and local, regional and national partners to improve health and wellbeing locally together
- build relationships based on trust
- work alongside our partners and help them take a ‘wellbeing lens’ to their work.

## **Innovative:** creating shared solutions

### **We will:**

- quickly seek new ways of working more flexibly and effectively, both internally and with our partners
- lead in the innovative use of data and digital solutions
- support staff to take risks
- be a learning organisation, learning from our mistakes and our successes.

## **Excellence:**

making a difference for  
people and communities

### **We will:**

- be people-centred
- be outcomes-focused
- continually improve how we work.

## **Respectfully:**

valuing every contribution

### **We will:**

- value the contributions and perspectives of others – individuals, people with lived experience, professionals and organisations
- treat others with dignity, showing courtesy and kindness
- recognise diversity locally by responding sensitively to different local communities.

## **Integrity:**

doing the right thing  
the right way

### **We will:**

- deliver what we promise
- be informed by the evidence and data
- have a trusted voice.

We will join with  
others to **improve**  
community **health**  
and **wellbeing.**

# What we will focus on



COVID-19

mental  
wellbeing

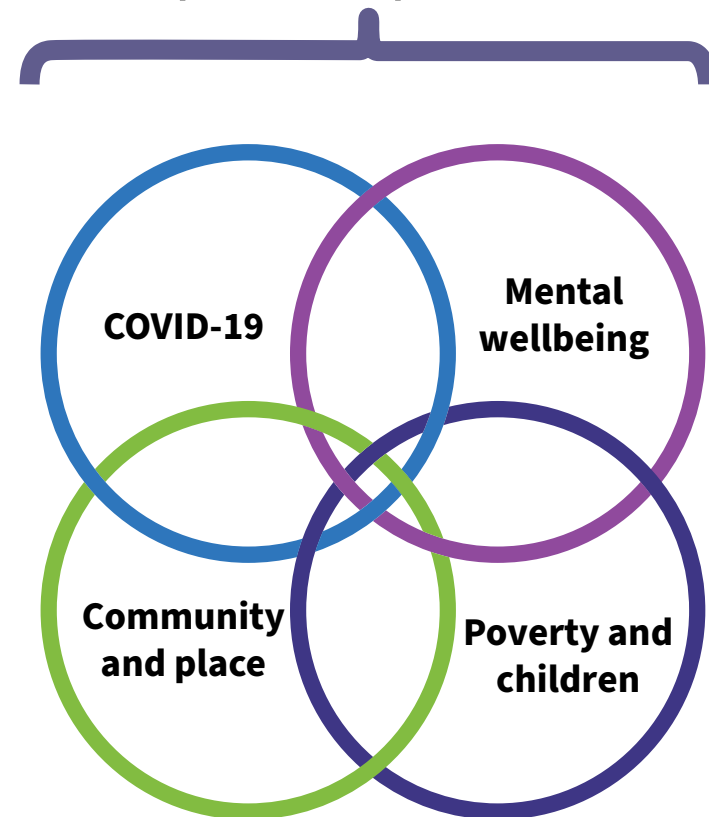
community  
and place

poverty and  
children

Public Health Scotland works in all areas of public health. Our range of work will continue. But to make a difference we must have a clear focus.

We focus on four areas: **COVID-19**, **mental wellbeing**, **communities and place**, and **poverty and children**. They represent complex, linked challenges that require the collective action of many partners, across sectors.

**Public Health Scotland's four areas  
of focus contribute to Scotland's  
public health priorities**



**How do our areas of focus fit with the  
public health priorities?**

We are an outcomes-focused and collaborative organisation. Scotland's National Performance Framework sets the outcomes we will work towards with others for Scotland's overall wellbeing.

Scotland's public health priorities are the priorities Scottish Government, COSLA and others have agreed to work together towards to address Scotland's health challenges.

As Scotland's national public health body, we have a vital leadership role in, and contribution to, Scotland's public health priorities.

We will work across all the public health priorities with other key agencies who have a leadership role to play in progressing elements of these nationally held priorities.

Public Health Scotland will focus on four areas we can make the greatest contribution to in the short, medium and long term.



## COVID-19: response, recovery and renewal

We deliver a full health protection service, but COVID-19 is an immediate and significant threat to Scotland's health and wellbeing. It directly and indirectly damages Scotland's economy, society, and health and social care services. In the short term, we need to focus our resources on meeting this challenge.

**We need to  
focus our  
resources  
on meeting  
this challenge.**

### We will:

- help **organisations** make decisions about how to respond to COVID-19. We will provide advice and guidance, and share data and evidence on the spread of the virus, as well as its impact on our communities and services.
- enable **the public and organisations** to contain the spread of the virus. We will support the Test and Protect approach. We will help local and national bodies work together to respond to local outbreaks.
- work with the **Scottish Government, local government, the NHS, third sector and partnerships** to develop and deliver social and service recovery and renewal plans. We will do this by sharing data and intelligence on service performance.
- help partners find practical and evidenced-based actions to build resilience into our services and communities.
- help Scotland prepare for and prevent future disease outbreaks.



See **Appendix 1** for more on **COVID-19** and **Public Health Scotland's contribution**.

## Mental wellbeing

Mental wellbeing is a combination of feeling good and functioning well psychologically. Mental illness is the third biggest cause of **ill health and early death** in Scotland. People living in poverty are more likely to live with mental illness.

**We want to see** Scotland's indicator of mental wellbeing increase.

We will help **local government and national policy makers** understand the levels of mental wellbeing and suicide in their communities. We will help them influence the economic, social and emotional factors that create good relationships and mental wellbeing, and eliminate discrimination and stigma.

We will work with **health and social care services** to help them improve access to services and outcomes for people. We will focus on making improvements for the most deprived communities.



See **Appendix 2** for more on **Mental wellbeing and Public Health Scotland's contribution**.

## Communities and place

Our communities and the places we live shape our health and wellbeing. Scotland is a diverse country: what works in our cities may not suit remote rural communities, just as the priorities in our towns may not be the same as those on our islands.

Communities face different challenges. Those more vulnerable to worse outcomes include deprived communities, disabled people or people from some ethnic minority communities. Discrimination because of characteristics like sexual orientation or gender identity can also cause poorer outcomes.

**We want to see** healthy life expectancy improve in all Scotland's communities.

**We want to see** the greatest improvement in those communities with the worst outcomes.

### We will:

- provide local partners with data and intelligence to enrich understanding of the unique needs of communities.
- join forces with local authorities and community planning partners to strengthen the foundations of community health and wellbeing. Together, we will work to prevent obesity, substance misuse, and reduce alcohol consumption and smoking.
- work closely with the NHS and health and social care providers to improve access to services, identifying diseases early and treating them effectively to improve outcomes.
- work with our local authorities, the NHS and directors of public health to find new ways of working across national and local, and sectoral and disciplinary boundaries. Specifically, we will consult with local authorities and planning partners on a proposal for local plans to improve the health and wellbeing of communities.
- provide specific support to local areas to meet their needs, where we have the skills and resources to complement local services. For example, our work on drugs deaths, data analysis and in outbreak management.



See **Appendix 3** for more on **Communities and place** and **Public Health Scotland's contribution**.

## Poverty and children

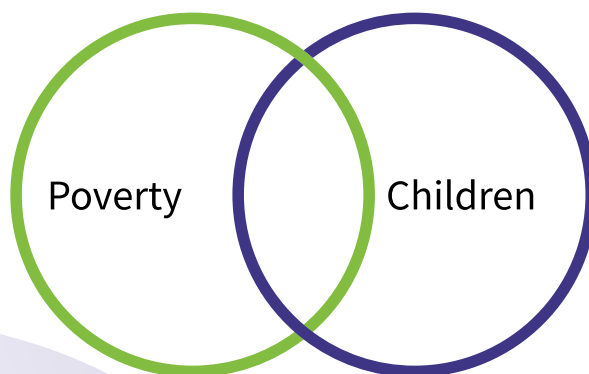
Scotland's most deprived communities bear a **greater burden of ill health** than other communities. Living in poverty is a significant determinant of your health. Reducing poverty and improving access to services for the most deprived communities will help improve all of Scotland's public health priorities and many of Scotland's national outcomes. Action taken to improve and protect health and wellbeing early in life pays dividends for decades.

Investing in reducing poverty and improving child health will help us meet long-term challenges like climate change and future pandemics. They release economic potential.

### We want to see

improvements in all Scotland's indicators for poverty and children, in all of Scotland's communities.

Work to reduce poverty and improve health in childhood are great investments.



We will particularly focus on work that can do both.

### We will:

- work closely with NHS Boards and local government as they develop and implement local plans to create more inclusive economies and reduce poverty. We will do this by working with the Improvement Service and others to share data and evidence, and we will support collaboration to drive action.
- support local and national governments to meet their shared commitment under the Child Poverty (Scotland) Act 2017. We will do this by developing and sharing data and intelligence on evidence on poverty and child health. We will work with them to find practical and evidence-based actions to address poverty and improve child health.
- work with local and national partners to understand the health and wellbeing needs of children, where there may be differences, and to identify when action or improvements are needed.
- provide national support to deliver and improve child health programmes locally, including vaccination, health visiting and screening.
- support the health and social care system to use its powers as an employer and procurer of services to reduce poverty.
- work with others to identify, develop, evaluate and share practical actions which work to reduce poverty.



See **Appendix 4** for more on **Poverty and children and Public Health Scotland's contribution**.



# Showing **impact**



communities

partners

staff

## We will be transparent about our success in achieving our vision.

In new work, we will be clear from the start what difference we want to make for people and communities. We will identify who we need to work with to achieve that. We will work with partners to decide what we will do and how we will show success.

For all we produce – from national statistics to advice and guidance, publications and evaluations – we will be explicit from the outset:

- **Who** will most benefit from it?
- **How** could it be used?
- **How** can it support and improve practice?
- **What** impact will it lead to for people and communities?

## Scotland's communities

All we do will align to the National Performance Framework's outcomes and indicators. They measure improvements for Scotland's people and communities. While we contribute to them, Scotland owns them. Achieving them depends on a wide range of organisations and individuals working together.

To help show the contribution of our work, we will define with our partners shared and measurable outcomes for all our programmes of work. We will use these to evaluate the difference our work has made for people and communities. We will make sure these always link clearly to the National Performance Framework and the public health priorities.

## Partners

Making an impact depends on organisations across Scotland working together effectively. Part of our role is to help others work together more effectively to create a Scotland where everybody thrives. These are an important measure of our success. Outcomes could include:

- increased engagement on improving health and wellbeing
- joint strategic planning and shared outcomes across partners
- a greater focus on prevention
- more aligned and collaborative action.

We will work with partners to agree what these outcomes should be.

As well as objective measures, effective partnership is based on trust and listening. We will ask our partners to tell us how we are to work with. This will give us an indication of whether we are acting in line with our values.

As stewards of public funds, we will be accountable for making sure we are making the best possible use of these funds. We will act with transparency.

## Staff

The people who work in Public Health Scotland are the vital ingredients to our success. We will be an excellent employer.

## **Next steps**

To turn our ambition into reality our next step will be to work out detailed delivery plans for the different aspects of this strategic plan. In line with our values, we will work closely with others on these.

We will work to change Public Health Scotland so we are more capable of delivering this ambition.

We are confident that by continuing to work together, we can continue to achieve great things for Scotland's communities.

**Together, we can  
create a Scotland  
where everybody  
thrives.**



# Appendices







## Appendix 1: COVID-19 and Public Health Scotland's contribution.

Our main priority since Public Health Scotland's establishment on 1 April 2020 has been responding to COVID-19 in Scotland. Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China. It can range from mild-to-moderate illness to pneumonia or severe acute respiratory infection.

### Why is it an issue?

The World Health Organization declared COVID-19 a pandemic on 11 March 2020. We now have spread of COVID-19 in communities across the UK. In Scotland, COVID-19 is directly linked to **thousands of deaths**. Measures to limit the spread of the disease have affected Scotland's economy, society and health.

- As of August 2020, **over 4,000** people have died as a direct result of COVID-19 in Scotland.
- People in the most deprived areas were **2.1 times more likely** to die with COVID-19 than those living in the least deprived areas.
- The COVID-19 response has led to falls in admissions and delays in health care as appointments have been cancelled and people have chosen not to attend, e.g. **40% fall in emergency admissions** including a 60% fall in emergency paediatric admissions.
- The long-term impacts of COVID-19 are not yet known but it is predicted to impact people's **mental wellbeing** and contribute to increases in poverty.

### What can we do?

- From the outset, Public Health Scotland has helped national and local decision makers with data, intelligence, guidance and advice.
- We collect, link and share information about people who have COVID-19, which helps decision makers agree what restrictions are needed to stop the spread of the virus.
- When there is an outbreak of COVID-19, we provide specialist support to the local teams as they investigate and contain it.
- Our contact tracing service works closely with local public health teams to identify and isolate people who have been in contact with someone who tested positive for COVID-19.
- We offer scientific guidance and advice to help sectors, organisations and vulnerable groups stop the spread of the virus.
- Throughout this, we work closely with our colleagues in England, Wales and Northern Ireland to share intelligence and learning about COVID-19.
- Helping the NHS to recover from COVID-19 is a vital task. We hold a wide range of data on health and social care performance. With our partners we can help NHSScotland recover from the impact on the service of COVID-19.



## Appendix 2: Mental wellbeing and Public Health Scotland's contribution

Mental wellbeing is a combination of feeling good and functioning well psychologically. It's an important indicator in Scotland's National Performance Framework and a public health priority. Public Health Scotland has identified it as a priority because it has a considerable impact on Scotland's health and wellbeing. Others are keen to work closely with us to address it.

At Public Health Scotland, we want to see an improvement for all communities in Scotland's national indicator for mental wellbeing: the Warwick-Edinburgh Mental Wellbeing Scale. We can only achieve this if local and national service providers, as well as policy makers, join forces. We will establish purposeful partnerships across local and national bodies to make this happen.

### Why is it an issue?

Improving mental wellbeing is not just the right thing to do – it is a wise investment in our communities. Good mental health improves outcomes in education, employment and health, and benefits individuals, families, communities and society.

- Mental illness is the third biggest cause of ill health and early death in Scotland.
- Work-related stress, depression and anxiety caused over 1.3 million sick days.
- Total cost of mental illness in Scotland has been estimated at £10.7m.

- People with mental illness die up to 20 years younger than their peers, primarily due to serious physical health conditions such as heart disease, stroke and diabetes.
- Approximately 1 in 4 people experience a mental health problem at some point in their lifetime.

### What can we do?

- We will help local government and health service planners to design services based on the needs of their communities by sharing data and intelligence on mental wellbeing at a local level.
- We can improve access to services and the quality of services by providing data on the quality and performance of those services.
- We will help national and local policy makers work together to influence the factors that shape the mental wellbeing of their communities with insight and advice on what actions are most effective.



### Appendix 3: Communities and place and Public Health Scotland's contribution

The conditions in which people are born, grow, live, work and age create the foundations of their health and wellbeing. They also contribute to differences in the health and wellbeing of communities across Scotland. This area of focus will consider every aspect of a place and a community's experience of it, for example:

- Built and physical environment (air and water quality, availability and affordability of healthy and harmful substances, access to green space and active travel).
- Public services (access and quality).
- Social connection, inclusion and empowerment (community activities and groups, experience of racism or exclusion, social isolation).
- Economic conditions (availability, quality and accessibility of transport, training and education, and employment opportunities).

#### Why is it an issue?

- People across Scotland experience differences in the quality and accessibility of the foundations of community wellbeing, due to where they live or the community they belong to. This leads to unfair differences in their health and wellbeing over the short and longer term.
- Women and people in deprived areas are **less likely to feel safe** in their communities and more likely to think they will experience crime in the coming year.
- Young people, ethnic minorities and those living in deprived areas are **less likely to report a sense of belonging** to their neighbourhood.

- Private rented properties and those in urban settings have the **highest levels of disrepair** in these categories.
- The most deprived areas of Scotland have twice the density of shops selling cigarettes and **twice the density** of off-licences per person as the least deprived.
- Children on foot or bikes are **more than three times as likely** to be involved in a traffic accident in the most deprived areas in Scotland than in the least deprived areas.
- People living in the most deprived areas are less likely to be diagnosed at an earlier stage than those from the least deprived areas and are less **likely to take up cancer screening**.

#### What can we do?

- The foundations of community health and wellbeing are laid through the actions of many partners locally and nationally.
- Public Health Scotland will support this diverse range of partners to come together to understand the needs of communities and take actions which will provide everyone in Scotland with the best foundations for health. Support will include:
  - collating data and intelligence to produce local place profiles which help to understand and monitor community needs, and identifying when and where action is required
  - collating and analysing health and wellbeing data to monitor if certain groups experience poorer outcomes and need additional support to access services
  - identifying and sharing best practice from across Scotland and internationally
  - reviewing evidence on what works and working with partners to translate this into action.



## Appendix 4: Poverty and children and Public Health Scotland's contribution

Improving the health and wellbeing of our communities will take time. It is important that we focus our resources on areas that will make the biggest impact on both the immediate and longer term.

Evidence tells us that investing in children, in particular during the pre-school years, will generate the biggest gains for health and wellbeing over the long term.

Equally, we know that poverty and differences in income across our communities underpin the unfair differences in people's health and wellbeing. Acting to reduce poverty and the differences in income will contribute to improvements in all measures of health and wellbeing over the long term.

### Why does this matter?

We know that not all children in Scotland have a fair start in life. We know that experiencing poverty has both a direct and indirect impact on a person's health and wellbeing. Some groups are at higher risk of experiencing poverty in Scotland.

- Children are the population group at highest risk of poverty in Scotland (**1 in 4 children** are living in poverty in Scotland).
- Other groups at **higher risk of poverty** in Scotland include: some minority ethnic groups, lone parents, and people in a family with a disabled household member.
- In-work poverty has been rising in Scotland (**over half** of the working-age population in poverty in Scotland live in working households).
- Single men under 25 years old are at **highest risk of extreme poverty**.

### What can we do?

- Monitor the health and wellbeing of children through our national statistics and through children and young people's profiles.
- Work with local and national partners to understand the health and wellbeing needs of children, where there may be differences, and to identify when action or improvements are needed.
- Provide national support to deliver and improve child health programmes locally, including immunisation programmes, health visiting and screening.
- Work with partners, including the Improvement Service and third sector, to support the development and delivery of joint local authority and territorial Health Board Local Child Poverty Action Plans.
- Support the health and social care system to use its powers as an employer and procurer of services to reduce poverty.
- Work with others to identify, develop, evaluate and share actions which work to reduce poverty.

Other formats of this publication may be available on request at:



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improving and protecting the health  
and wellbeing of Scotland's people.



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