

Director of Public Health Annual Report

Health and Wellbeing in Fife

2020 - 2021



Acknowledgments

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

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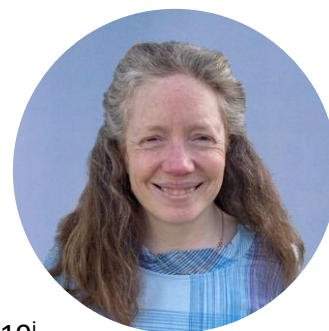
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Foreword



Welcome to the 2020/21 Director of Public Health Annual Report for Fife. This is my first report since coming to Fife as Director of Public Health and the timing is significant. This report comes with an invitation to pause and reflect on the health and wellbeing of the population after two very difficult years of living through the COVID-19ⁱ pandemic.

While it feels in some ways that everything changed during the pandemic, fundamentally many of the same underlying challenges to health and wellbeing remain. With that in mind, this report is set out with the same chapter structure as the 2018/19 Director of Public Health Annual report presented by my predecessor Dona Milne and is focused around the Public Health priorities for Scotland. The report captures the key issues impacting on health and wellbeing in Fife and highlights ambitions for the future and areas where there are concerns emerging.

It will be some years in the future before the legacy of the COVID-19 pandemic is fully understood and the data within this report does not cover the entirety of the pandemic. Some of the direct impacts on health are clear, and where this is the case, we have included comment within the report. Amongst very difficult times, the response of communities and agencies across Fife has been incredible. Some of that response is described within the report. The rapid establishment of support for people so they could isolate safely and protect the wider community demonstrates to all the importance of looking after each other. Entirely new services were established to test for the virus and take every opportunity to interrupt transmission as well as setting up a vaccination programme.

I would like to thank everyone who has contributed to the different chapters of this report, together these provide an updated perspective of progress across the different Public Health priorities. One of the recurring themes through the report is the widening in health inequalities which was apparent even before the onset of the pandemic. This can be seen in a number of statistics, including a widening of the gap in life-expectancy between those who are most affected by deprivation and those who are least affected. This is important because these differences are avoidable.

Dr Joy Tomlinson
Director of Public Health,
NHS Fife

ⁱ COVID-19: Coronavirus disease is an infectious disease caused by the SARS-CoV-2 virus

Public Health Priorities and Ambitions

In Fife we have adopted the Scottish Government Public Health priorities which reflect the most pressing health and wellbeing concerns for Fife, which we should focus on over the next decade to improve the health and wellbeing of the population¹. They focus on the upstream determinants of health which are shared ‘risk factors’ for many of the leading causes of poor health and wellbeing in Fife.

We want to see:

1	A Fife where we live in vibrant, healthy and safe places and communities.
2	A Fife where we flourish in our early years.
3	A Fife where we have good mental wellbeing.
4	A Fife where we reduce the use of and harm from alcohol, tobacco and other drugs.
5	A Fife where we have a sustainable, inclusive economy with equality of outcomes for all.
6	A Fife where we eat well, have a healthy weight and are physically active.

Responding to and supporting recovery from the COVID-19 pandemic has since been identified as a clear additional priority for public health in Fife.

This report describes why each priority is important for Fife and sets out our ambitions for each priorityⁱⁱ. It also describes some of the wide-ranging activities undertaken across Fife focused on these priorities in 2020 and 2021 and discusses the impact of the COVID-19 pandemic on this work.

Population health in Fife is influenced by the actions and efforts of many organisations within the public and third sector as well as private sector organisations and community groups, and this is reflected across the report.

The Public Health priorities are clearly aligned with several national and local strategies and plans including the Plan for Fife Recovery and Renewal Priorities, Fife’s Health and Social

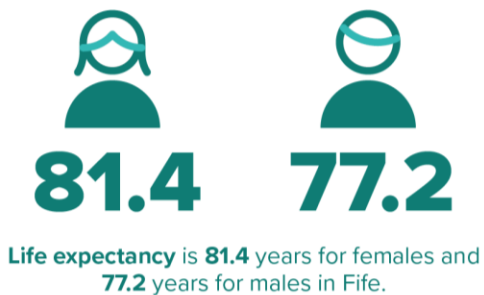
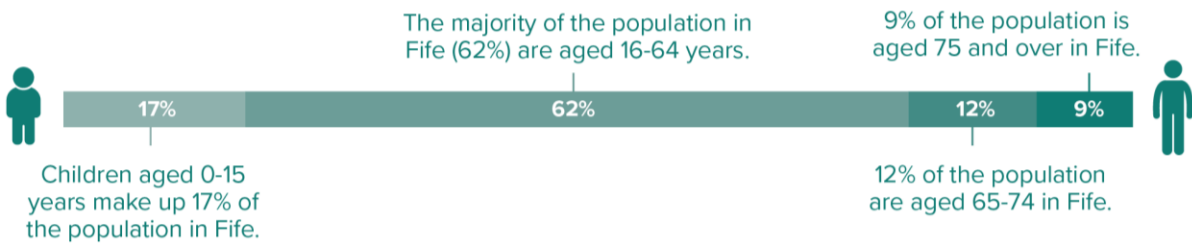
ii For each of our Public Health priorities, NHS Fife together with Health and Social Care Partnership (HSCP) have developed ambitions for improving the health and wellbeing of our population. These were developed in 2019, prior to the start of the COVID-19 pandemic

Care Partnership's (HSCP) Strategic Plan and Scottish Government's Coronavirus (COVID-19) Recovery Plan.^{2,3,4} The report also therefore reflects on potential opportunities for public health and our partners for the coming years to contribute together to further improving the health and wellbeing of people in Fife.

Public health activities often intersect across multiple priorities. For the purposes of this report, we have attempted to avoid duplication by describing our activities under a single priority respectively.

Fife – In brief

In this chapter we look at the size and structure of the current population of Fife, births, deaths and diseases.



In 2016–2020 life expectancy in Fife was **10 years** lower in the most deprived areas than the least deprived areas among males, and **8 years** lower among females.

Why this is important

It is important that we regularly review what we know about the population of Fife, examine differences within Fife and look at changes in Fife over time. Understanding our population helps us understand their needs which helps us, together with our partners, prioritise actions and interventions that can improve population health and reduce inequalities and ensure existing and new services meet population needs.

In each Director of Public Health Report, we look at the size and structure of the current and future population of Fife, births, deaths and diseases, but also look at other factors that are important for creating and maintaining health and wellbeing, such as our education, employment, income, social networks, housing and broader socio-economic, cultural and environmental factors. These determinants are experienced unequally in our society with correspondingly worse health outcomes and life expectancy experienced by people living in the most deprived areas of Fife. People from other diverse or vulnerable groups also unjustly experience inequalities and can experience less good health and wellbeing as a consequence.

As such, although Fife is made up of different areas such as electoral wards, localities, or area committees, the main focus of this report is the health and wellbeing of the population of Fife and inequalities throughout Fife as a whole. In this chapter we provide an overview of the population of Fife and births, deaths and diseases of Fife residents using the most current figures available and drawing on national trends where appropriate.

The remaining chapters contain key information about the health and wellbeing and its determinants of the Fife population, relating to each of our public health priorities. Where known, we reflect upon the impact of COVID-19 on our population, however our understanding of the impact of COVID-19 upon population health is still developing.

Due to the pandemic, some data was not collected in 2020 and therefore some of the data used in this report predates the pandemic. Where we do have more recent data, much of this is for the early phase of the pandemic, limiting our impact to draw firm conclusions on the impact of COVID-19 for population health over the full course of the pandemic, and/or may not be from the usual routine health information sources which limits comparability with pre-pandemic data.

Further information about Fife and its residents, including those living in different areas, can be found from a number of sources including KnowFife (<https://know.fife.scot>), Our Fife (<https://our.fife.scot>) and ScotPHO Profiles (<https://scotpho.org.uk>).

Population

The population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. At June 2020, an estimated 374,130 persons lived in Fife, 580 more people than in 2019, resulting in an annual growth rate of 0.2%, higher than the national growth rate of 0.05%, which was the lowest growth since 2003.⁵

Children aged 0-15 years make up 17% of the population with 64,152 children living in Fife. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 9% aged 75 and over.⁵

Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.⁶

At the 2011 Census the population of Fife was predominantly of white ethnicity (97.6%), with 1.6% Asian ethnicity and 0.8% of people being from minority ethnic groups.⁷ We know that there is diversity within the population of Fife (in terms of ethnic group, gender identity and sexual orientation) and findings from the recently held 2022 Census will provide us with a greater insight into this diversity to better understand the future needs of our communities and reduce inequalities in population health between groups.

Births

In 2020 there was a 6% reduction in the number of babies born in Fife compared to in 2019, with 3,143 babies born.⁸ This continues a reducing trend of births in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife, although falling, continue to be higher than the rates for Scotland, 47.1 per 1000 women aged 15-44 years compared with a national rate of 45.5.⁸

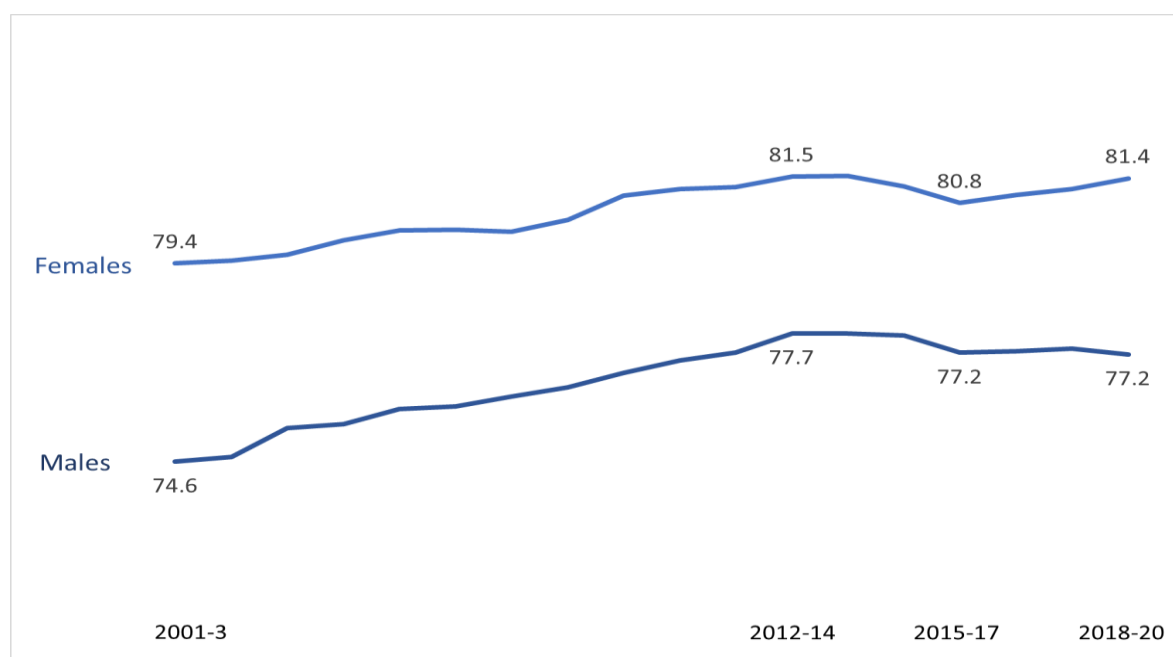
Of the 3,143 babies born in Fife over half (59%) were born to mothers aged 25-34 years, 5% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by 61% whilst births to mothers aged over 40 have more than doubled.⁸

Life expectancy

Life expectancy at birth in Fife was 77.2 years for males and 81.4 years for females in 2018-2020.⁹ This was a small annual fall in life expectancy in males and a small rise in females since the last estimates of 77.3 and 81.2 years respectively in 2017-2019 (Figure 1). Nationally during the same time-period life expectancy fell by the largest annual amount since these statistics began, to 76.8 years for males and 81 years for females.⁹

This large annual fall was mainly driven by COVID-19 deaths, but drug-related deaths and deaths from external causes (including accidents and suicides) also contributed to the fall in male life expectancy. The full impact of COVID-19 on life expectancy will be clearer in future estimates that cover the whole period of the pandemic as current estimates only include 2020.⁹

Figure 1: Life Expectancy in Fife; Males and Females 2001-2003 to 2018-2020



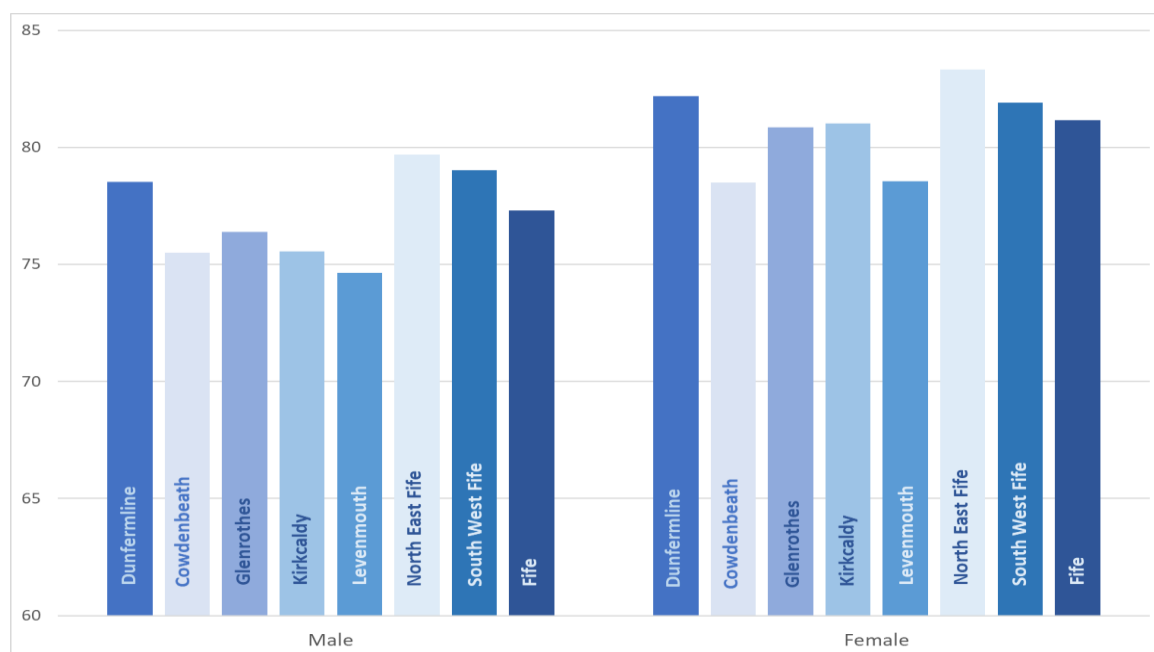
Source: NRS

Although recent changes in life expectancy in Fife have been small, more significant changes have been seen since 2012-14, the point at which Scotland and other countries experienced an unprecedented slowing of life expectancy growth. Female life expectancy fell in Fife from 2012-14 to 2015-17 but has increased a little each year since this point (Figure 1). This has resulted in a much lower rate of growth from 2012-14 to present compared to between 2001-3 and 2012-14. Among males in Fife life expectancy decreased between 2012-14 to present compared to growth from 2001-3 to 2012-14.⁹

The trends in life expectancy are of public health importance and a programme of work to understand the cause of these trends is being coordinated by Directors of Public Health, with findings expected to be published later in 2022.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 2.¹⁰ Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.

Figure 2: Male and Female Life Expectancy; HSCP Locality/Area Committee 2016-20



Source: PHS

However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between the life expectancies of the populations living in most and least deprived areas (quintiles) in Fife.ⁱⁱⁱ In 2016-20 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. Wide inequalities were seen across Scotland with life expectancy in the 10% most deprived areas 13.5 years lower among males and 10.5 years lower among females than in the 10% least deprived areas in 2018-20. These differences in national life expectancy have widened since 2013-15.⁹

iii Most and least deprived areas are used in the report to refer to the most deprived and least deprived Fife SIMD 2020 population quintiles as measured by the Scottish Index of Multiple Deprivation. These are derived by ranking the datazones in Fife based on their SIMD score from most to least deprived and then splitting them into five groups (quintiles) based on their level of deprivation with each group representing roughly a fifth (20%) of the population. This approach is also used nationally and can be split into ten groups (deciles or 10%) if appropriate.

Deaths

There were 4,285 deaths in Fife in 2020, an increase of 130 (3%) on 2019.¹¹ Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212.^{iv} 36% of these or 1,529 deaths were in people aged under 75s, which equates to a rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population.

There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.¹⁰

Even greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Rates of death in this age group have risen for Fife as a whole since 2013-15, with rates rising from 98.2 per 100,000 population in 2013-15 to 115 in 2020, slightly below the Scottish average of 116 per 100,000 population.¹⁰ During this time rates in the least deprived areas decreased whilst rates in the most deprived areas increased, widening the absolute gap between them. In 2013-15 rates in the most deprived areas were 3.9 times greater than rates in the least deprived areas which rose to 6.7 times greater in 2018-20.¹⁰

Causes of death

Grouped together cancers were the most common cause of death in Fife (and Scotland) with 1,112 deaths being attributed to malignant neoplasms in 2020, 26% of all deaths.¹¹ The most common cancer death was lung cancer which accounted for almost a quarter (23%) of all cancer deaths and 6% of all deaths.

Heart disease, the majority of which were ischaemic heart disease, was the next most common cause of death accounting for 13% of deaths followed by dementia and Alzheimer's disease (11%) and cerebrovascular diseases (7%). Mortality rates among the under 75s for both cancer and heart disease have fallen in Fife in the last 10 years, but inequalities are evident in both these causes of death.¹⁰ The most deprived areas experienced 44% more early deaths from cancer than the Fife average in 2017-19, and rates in the most deprived areas were twice those in the least deprived areas. There were greater inequalities in early deaths from ischaemic heart disease, with the most deprived areas experiencing 69% more early deaths than the Fife average and rates in these areas being 3.1 times greater than in the least deprived areas in 2018-20.¹⁰

iv In the report where rates are provided, unless stated otherwise, they are standardised for age and sex. Age-standardised rates account for population size and age structure and provide more reliable comparisons between groups or over time. Fertility rates and crude rates are not age-standardised.

Up to the 31st March 2022 there have been 791 deaths recorded in Fife where confirmed or suspected COVID-19 was mentioned on the death certificate.¹¹ This equates to a rate of 98 per 100,000 population which was lower than the Scottish average of 127 per 100,000 population. Most COVID-19 deaths were to persons aged 75 and over. Latest data available at the time of writing showed that across Scotland, between February 2020 and August 2021, 72% of COVID-19 deaths were in this age group. During this time rates of death involving COVID-19 were 2.4 times higher in the most deprived areas than in the least deprived. This is wider than the gap (1.9 times) seen for all causes of death and has widened since the early stages of the pandemic.¹²

Healthy life expectancy

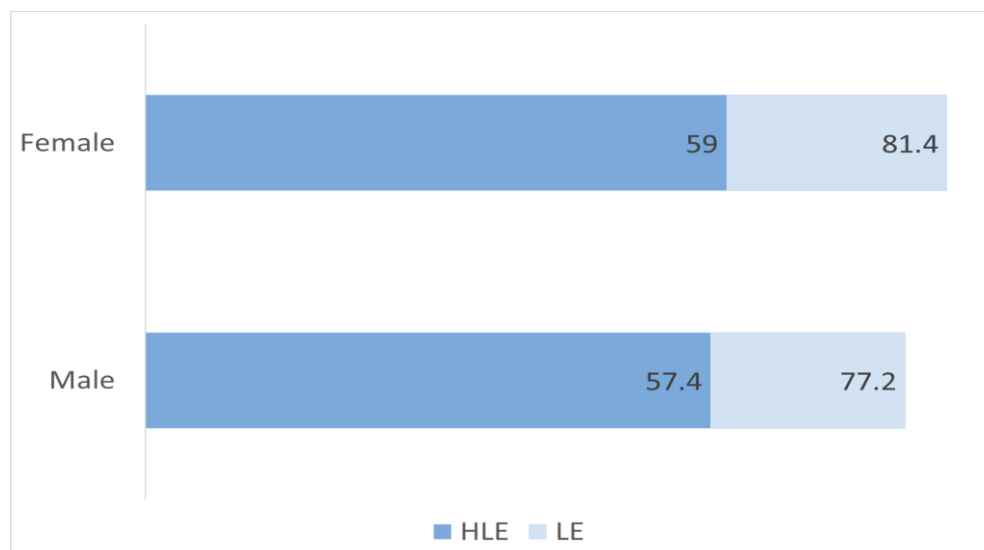
Healthy life expectancy (HLE) is an estimate of the number of years lived in ‘very good’ or ‘good’ general health derived from self-reports of general health and deaths and population data.¹³ Healthy life expectancy used alongside life expectancy provides additional insight into the health of our population as well as their current years of life expectancy and can be expressed as the proportion of life spent in ‘good’ health.

Since 2016-18 estimates of healthy life expectancy have been published for health boards and councils together with national estimates.^v Healthy life expectancy was 59.0 years for females and 57.4 years for males in Fife in 2018-2020 (Figure 3). Both estimates were lower than the estimates for Scotland which were 61.8 and 60.9 years respectively. Among males, current estimates for Fife were the lowest of all health board areas and third lowest among females.^{9,10} The most recent Fife estimates are the lowest reported across the time series available for both males and females. Nationally longer time trends show that healthy life expectancy increased from 2009-11 to 2015-17 among males and to 2014-16 among females but has decreased since then and was lower in 2018-2020 than it was in 2009-2011 for both males and females.¹³

Expressing healthy life expectancy as a proportion of life expectancy, the proportion of life spent in ‘good’ health in Fife was estimated at 72% for females compared to 75% for males in 2018-20 (Figure 3). Both estimates were lower than the national averages of 76% and 79%.¹³ In Fife and across Scotland females spend a greater proportion of life in ‘poor’ health than males. Nationally the proportion of life spent in ‘good’ health is lower for both males and females now compared to 2010-12, which means that a greater proportion of life is likely to be spent in ‘poor’ health now than in previous years.

v Due to the method of calculating HLE there can be uncertainty around the estimates which can impact on the ability to reliably compare over time and across areas. The figures for 2018-20 cover nine months of the COVID-19 pandemic which would be expected to have an impact on the estimates, however it is difficult to quantify this effect due to method of calculation.

Figure 3: Life and Healthy Life Expectancy in Fife; 2018-2020



Source: NRS

For both males and females, deprivation has a significant impact on healthy life expectancy. In the most deprived areas of Scotland healthy life expectancy was more than 24 years lower for both males and females than in the least deprived areas in 2018-20. This difference was much larger than the difference in life expectancy, resulting in people living in the most deprived areas having shorter life expectancy and spending a smaller proportion of life in ‘good’ health.¹³

The proportion of life estimated to be spent in ‘good’ health in the most deprived areas of Scotland was 65% for females and 66% for males compared to 85% for both males and females in the least deprived areas meaning that both males and females in the most deprived areas spend more than a third of their life in ‘poor’ health.¹³

Burden of Disease

Burden of Disease studies assess the years of health lost due to disease and injury, through living in ill-health and from early death, thus preventing populations from living longer lives in better health.¹⁴ These studies can help us understand the disease and injury that causes the biggest health loss in our population, and how these may be experienced differently and change over time.

Figures from the 2019 Scottish Burden of Disease study showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders.¹⁴ These five disease/injury groups accounted for almost two thirds of total burden of health loss across the whole Fife population.

Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischaemic heart disease, lung cancer and Alzheimer’s disease and other dementias were the top three individual causes of early death.¹⁴

Figure 4: Top Ten Causes of Burden in Fife from Ill-Health and Early Death; 2019

Ill health	Early death
1 Low back and neck pain	1 Ischaemic heart disease
2 Depression	2 Lung cancer
3 Headache disorders	3 Alzheimer's disease and other dementias
4 Anxiety disorders	4 Cerebrovascular disease
5 Osteoarthritis	5 Other cancers
6 Diabetes mellitus	6 Drug use disorders
7 Cerebrovascular disease	7 Chronic obstructive pulmonary disease
8 Other musculoskeletal disorders	8 Colorectal cancer
9 Alcohol use disorders	9 Self-harm and interpersonal violence
10 Age-related and other hearing loss	10 Lower respiratory infections

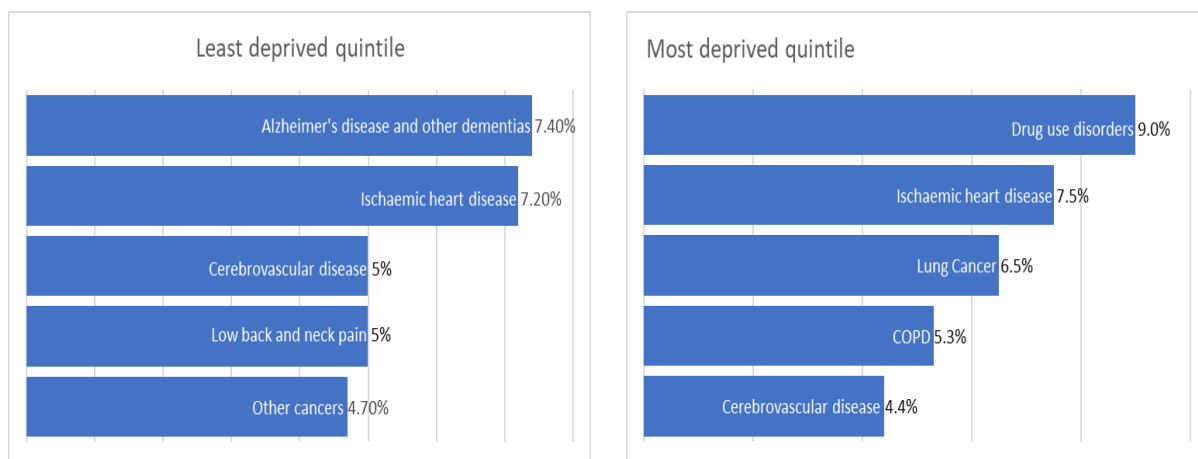
Source: PHS

As our population ages the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole, 64% of the burden is due to early death and 36% to ill-health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.¹⁴

Health loss from ill health and early death, is not experienced equally. 2019 figures (Figure 5) showed health loss in the most deprived areas was almost double the least deprived areas of the East Region of Scotland^{vi} (Fife, Lothian and Borders Health Board areas). In the most deprived areas in the region drug use disorders, ischaemic heart disease and lung cancer were the three leading causes of health loss compared to Alzheimer’s disease and other dementias, ischaemic heart disease and cerebrovascular disease in the least deprived areas.¹⁴

vi Regional analysis undertaken: not available at Fife level

Figure 5: Top 5 causes of health loss in 2019 by deprivation quintile; East Region of Scotland



Source: PHS

Priority 1: A Fife where we live in vibrant, healthy and safe places and communities

Where we live directly affects our health through the quality of our housing, our access to services, what we can do for work, our sense of community or isolation, experience of crime, and how able we are to participate in physical and enriching activities and to access opportunities.



60% of people reported that their neighbourhood was a very good place to live.



Around three quarters of the Fife population typically live within close proximity (5-minute walk) to usable green or blue space.



People living in the most deprived areas are less likely to report their neighbourhood was a very good place to live (32%).



24% of households are living in fuel poverty.



2,542

There were **2,542** homeless applications in 2020/21.

COVID-19 pandemic



There has been a total of **127,094** confirmed positive COVID-19 cases (as at 30 April 2022).



More than **830,000** vaccinations have been administered to Fife residents (as at 27 April 2022).



92% of the 12+ population in Fife have had at least one dose and **89%** of the 40+ population have received their primary and booster vaccinations (as at 27 April 2022).

Why Priority 1 is important

Where we live directly affects our health through the quality of our housing, our access to services, what we can do for work, our sense of community or isolation, experience of crime, and how able we are to participate in physical and enriching activities and to access opportunities.

Because of this the assets, resources and support available in our communities has a tremendous impact on our health and wellbeing and long-term life chances. Our environment also has the potential to directly affect our health through exposure to communicable disease; environmental hazards and the impact of climate change.

The following sections will consider a range of health impacts of 'where we live' and the Public Health actions to address these factors these, in terms of:

- Places and communities (including homes and housing)
- Public health care services (vaccination, screening and dental public health)
- Environmental and communicable disease exposures (including climate change)

Places and communities

Healthy places and communities should include affordable quality secure housing, safe open space and facilities for play, physical activity and recreation provision and public realm, healthy food environments, a sense of community and safety from crime. Healthy places should also limit access to harmful substances and gambling; ensure protection from environmental hazards; and safeguard against potentially negative impacts of unsustainable development and climate change.^{vii}

60% of adults in Fife reported that their neighbourhood was a 'very good' place to live in 2019, slightly more than in Scotland (57%).¹⁵ However, people living in the most deprived areas across Scotland are far less likely to report this (32%), compared to those living in the least deprived areas (77%). 30% of the population of Fife lived within 500m of a derelict site in 2019, compared to 28% across Scotland.¹⁶ Around three quarters of the Fife population typically live within close proximity (5-minute walk) to usable green or blue space, and this is used by more than half of Fife residents at least once a week.¹⁵

vii A Placebased Approach, is concerned with the interconnection of people and their environment. Partners and communities collectively consider and address physical, social and economic aspects of an area to maximise its potential for being a resilient, sustainable, vibrant, healthy and safe place for everyone to live, work and play in.

The absence of affordable, safe, secure or warm housing affects health and wellbeing across the life course. Tackling homelessness is a crucial part of creating healthy places where everyone has access to a secure, good quality, affordable home. A person or family may be classed as homeless, or being threatened with homelessness, if they have nowhere to live or cannot stay where they live. Currently there is unprecedented pressure on housing in Fife. 2,542 homeless applications were made in Fife in 2020/21 and 708 households were living in temporary accommodation.¹⁷ This will likely be further exacerbated as a result of the significant rise in energy bills putting households into fuel poverty and making it unsustainable for many to meet their budgets. In 2017-2019, 24% of households across Fife were living in fuel poverty.¹⁸

Environmental and communicable disease exposures

Healthy places offer protection from the impact of infectious disease and environmental, chemical and radiological threats.

Over the last two years our population has faced unprecedented exposure to a communicable disease through the COVID-19 pandemic. The first case in Scotland was confirmed on 1st March 2020.¹⁹ COVID-19 was declared a pandemic by the World Health Organization (WHO) on 12 March 2020.¹³

Figures up to and including 30th April 2022 show there has been a cumulative total of 127,094 confirmed positive COVID-19 cases among Fife residents since the first positive case in March 2020.^{viii,20} Figure 6 shows the course of the pandemic in Fife using rolling 7-day totals of positive cases as a crude rate per 100,000 population.^{ix} The highest case rate for a 7-day period was seen on 5th January 2022, which equated to 8,293 cases.

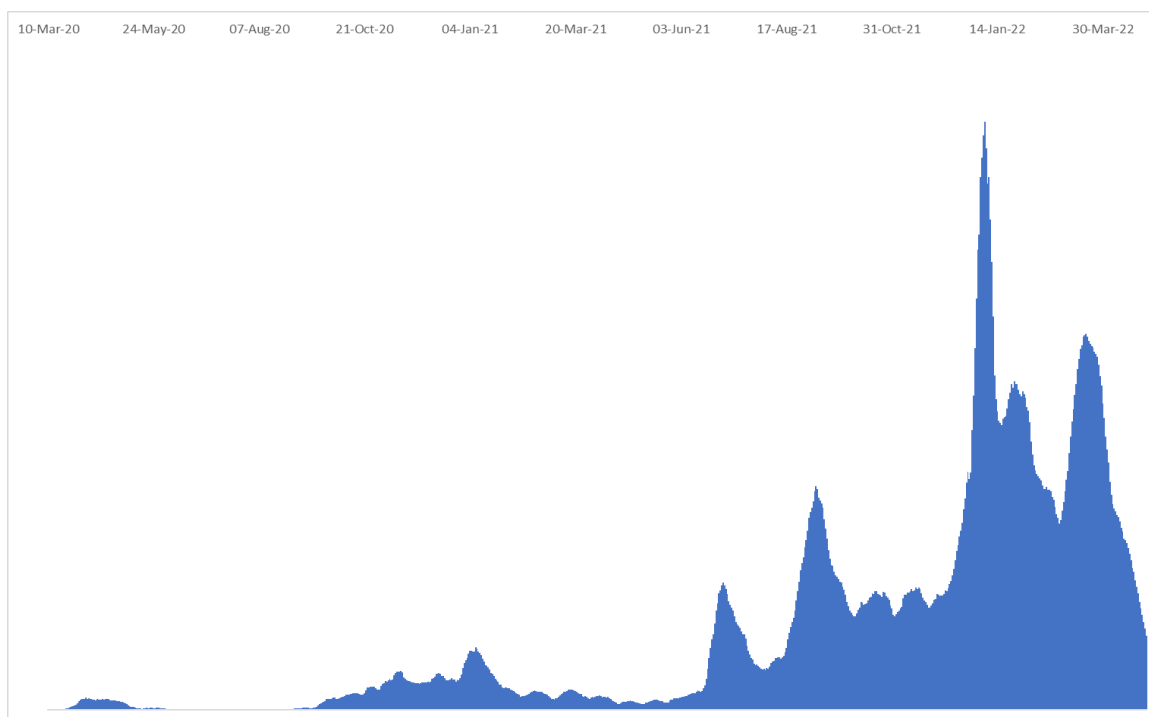
Distribution of COVID-19 cases by age has changed over time and by variant. Across Scotland, for the cumulative number of cases up to 30th April 2022, the highest crude case rates were among those aged 20-24 years and 15-19 years.^x Crude case rates were lower among those aged 65 and over. Crude case rates were highest in the most deprived areas in Scotland, but rates did not decrease in line with decreasing deprivation as the least deprived areas did not have the lowest case rates.²⁰ Conversely deaths associated with COVID-19 were higher in the older age groups and increased relative to increasing levels of deprivation.²¹

viii Positive cases are now determined from PCR or LFD positive test results and include new infections and possible reinfections (defined as individuals who test positive 90 days or more after their last positive test). This definition has been applied retrospectively. Snapshot was taken on 3rd May and may be subject to change.

ix It should be noted that testing for the general population was not available in the early stages of the pandemic and there have been changes to testing strategies over time. Figure 6 should be interpreted with this in mind.

x These rates will not account for any differences in the age structure of these areas.

Figure 6: Fife COVID-19 positive cases; 7-day total rate per 100,000 population up to 30th April 2022



Source: PHS

Long COVID is a commonly used term to describe signs and symptoms that continue or develop after acute COVID-19 infection. Long COVID is an emerging condition and we do not yet have a full understanding of the number of people experiencing long COVID or the determinants, distribution and natural course of it. Experimental statistics from the UK COVID-19 Infection Survey estimated that, in the four weeks to the 5th March 2022, 2.7% of the UK population were experiencing self-reported long COVID (defined as symptoms persisting for more than four weeks after the first suspected COVID-19 infection, that were not explained by something else).²² 47% of those experiencing long COVID stated that it affected their ability to undertake day-to-day activities ‘a little’ and a further 20% ‘a lot’. More than two thirds (69%) of long COVID sufferers reported it was at least 12 weeks since they first had COVID-19.

Rates of many other communicable diseases had reduced greatly during the pandemic, responding to the same measures used to manage COVID-19. This is likely to be associated with disease control measures implemented during the pandemic disrupting normal routes of transmission for example widespread use of face coverings, social distancing and more frequent hand washing.

Public health care services

Ensuring that vaccination coverage is not only high overall across Fife, but also within underserved communities, is essential for disease control and elimination strategies, and equality. Uptake of vaccinations including COVID-19 has been lower in more deprived areas in Fife and in certain ethnic minority communities.

Screening Programmes aim to save lives or improve quality of life through the early identification of a condition, or by decreasing the chance of developing a serious condition or its complications. The Director of Public Health is the executive lead for the coordination and quality assurance of the national screening programmes delivered for the Fife population. Uptake of screening in Fife is generally similar to or exceeds uptake in Scotland. In general, across all the screening programmes, levels of participation in screening in Fife decrease as levels of deprivation increase.

Dental Public Health aims to protect and secure the oral health of communities and populations and reduce inequalities in oral health, including amongst the most vulnerable populations in Fife.

Our ambitions for Priority 1

- The places where people live, work and socialize are safe and have positive impacts on health, wellbeing and ecological restoration
- People are empowered and motivated to be involved in local decision-making and improving their communities
- Affordable and sustainable travel is accessible to all, including rural communities
- There is protection from environmental hazards, communicable disease and other health risks including pollution and climate change mitigation
- Safe, affordable, warm and secure housing is available to all
- There is equity of access to high quality and sustainable health and care services, including preventative and early intervention health services across the life course such as screening, immunisation, dental health, and reproductive and sexual health care

Focus of work for Priority 1 in 2020 and 2021

The focus of work has been to reduce the transmission and impact of COVID-19. We have also delivered routine vaccinations, including COVID-19 vaccinations to protect population health, alongside strategic projects to support improvements in vaccination delivery.

We have strengthened partnership work to support places and communities during the COVID-19 pandemic, progressed work on planning and public health, and supported the review and implementation of the updated 'Plan for Fife'. Additionally, we have delivered and supported remobilisation of routine screening and dental health services.

Places and communities

COVID-19 pandemic

The COVID-19 pandemic has had a transformational effect on our places and communities, and already disadvantaged population groups and communities have suffered disproportionately across many areas of their lives. However, there has also been a positive transformation in how we work together as partners to support those most in need.

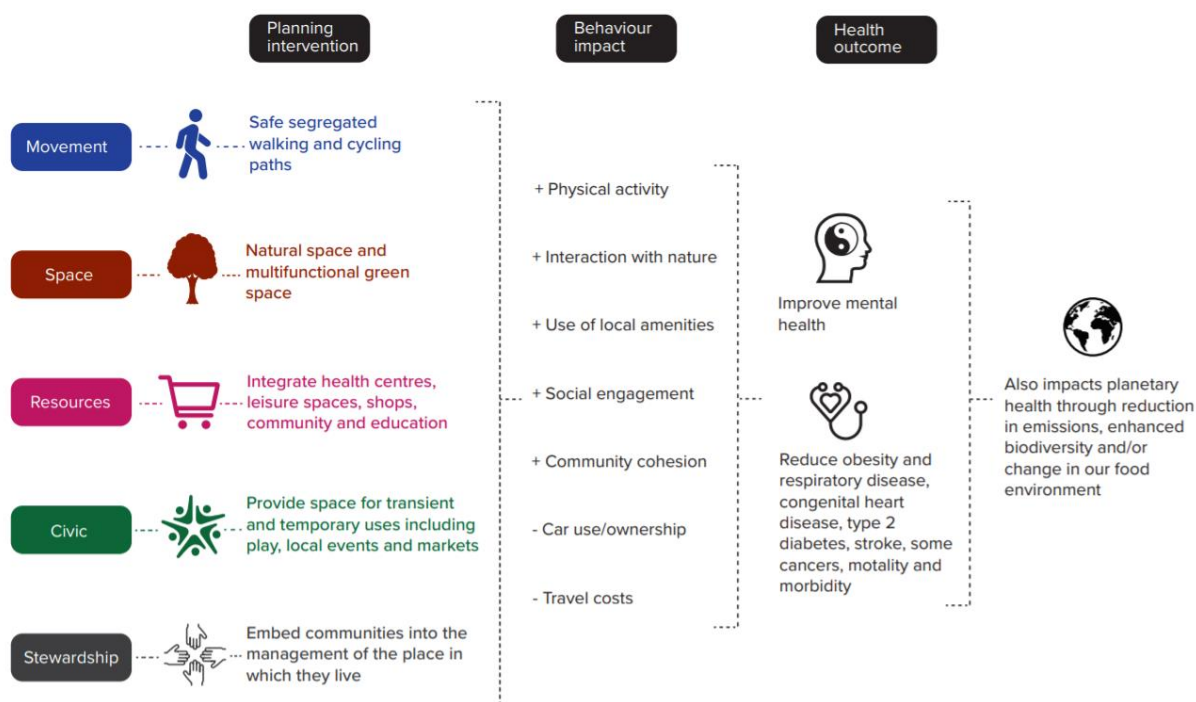
During the pandemic, multi-agency partners across public and third sector organisations worked successfully together to establish community assistance hubs, responding to the needs of our most disadvantaged individuals and communities, including those who were shielding and self-isolating. Much was learnt from this and the willingness and adaptability of partners collaborating to implement testing and contact tracing, and supporting isolation and vaccination. This model of collaborative working has also now resulted in the establishment of longer-term People and Place locality groups in Fife.

Work was also taken forward to implement the 'Spaces for People' programme. Working with local communities and stakeholders, this allowed spatial modifications in town centres to facilitate pedestrian flow and social distancing. Some of the lessons learnt from this programme will help inform how health and spatial planning in Fife can work together to develop healthier and more sustainable places in the future.

Planning and public health

Recent local collaborations have signalled a shared ambition for transformation in spatial planning and public health to improve health and wellbeing and reduce inequalities across Scotland's communities, reflecting national policy developments. Figure 7 shows an example of how planning interventions can support and encourage behaviour change, which can result in health improvements. We are seeing the benefits of this approach through The River Leven Programme and the Whole Systems Approach to Obesity Prevention described in this report.

Figure 7: Planning and Wellbeing Process Diagram²³



The Plan for Fife

In other key areas of work, Fife’s Community Plan, The Plan for Fife, was reviewed in 2021 resulting in a set of Recovery and Renewal Priorities being identified along with a refresh of the partnership arrangements and delivery of the 12 Plan for Fife ambitions.² Many of the activities associated with this refreshed strategy will contribute to this public health priority, such as ambition 7: ‘Every community has access to high quality outdoor, cultural and leisure opportunities’.

Environmental and communicable disease exposures

COVID-19 & emergency preparedness

Health protection provides expert advice and implements measures to prevent and mitigate the impact of infectious diseases, environmental and other threats. Over the last two years the overwhelming majority of the workload for the Health Protection Team (HPT) has been management of COVID-19. The HPT workforce has increased greatly, with additional specialist nurses and the establishment of Test and Protect teams. COVID-19 testing and contact tracing teams have been essential to understanding and responding to the virus, engaging directly with the public, and reducing risk to the most vulnerable groups.

Our response has required a multi-agency approach including, for example, a robust care home support process led by a directors group with representatives from relevant agencies. Maintaining these networks will be essential to effective working going forward.

Work is underway to evaluate the local response to the pandemic, and at a wider level to evaluate the national response, in order to share key learning and to inform our emergency preparedness plans for future pandemics.

Protection from climate change

New ways of working implemented during the COVID-19 response have brought forward the use of some technologies that will help to reduce avoidable car travel, such as online staff meetings and online clinical consultations. There has been a renewed public interest in outdoor physical exercise and access to our green and blue spaces. 2021 also saw international discussion and promotion of the need to mitigate climate change as Scotland hosted the UN climate change conference, COP26, and the launch of NHS Scotland's consultation on its sustainability strategy. We have contributed to the national discussion, as well as continuing to advocate for sustainable and climate protecting options in our local partnerships and plans.

Public health care services

Immunisation programmes

There has been a significant increase in vaccination activity over the last two years with the expanded flu vaccination programme from September 2020 and the introduction of the COVID-19 vaccination programme in December 2020. The COVID-19 vaccination programme has been an incredible collaborative effort and has been implemented in the context of a national programme to transform vaccination.^{xi} Since the start of the vaccination programme more than 830,000 vaccinations have been administered to Fife residents (as at 27th April 2022).^{xii} At this time 92% of the 12+ population in Fife have had at least one dose and 89% of the 40+ population have received their primary and booster vaccinations. Uptake is higher in older age groups for primary and booster vaccinations, with booster uptake in the under 40s being lower compared to those over 40 to date.²⁴

The formation of an Immunisation Inclusion working group, with participation from local partners, has focused on taking action to enable marginalised and disadvantaged groups to access COVID-19 vaccination in Fife.

Importantly, throughout the pandemic the routine infant, childhood and teenage immunisation programmes have continued to be delivered and monitored. Where programmes were disrupted due to the pandemic (for example, the HPV programme in secondary schools), subsequent mop-up activity has taken place to minimise the impact on population health.

xi The Vaccine Transformation Programme has since 2018 has been transitioning all vaccination delivery out of General Practice and will complete in March 2022.

xii Primary vaccinations include first and second doses. Snapshot was taken on 27th April and may be subject to change.

Screening programmes

At the end of March 2020, all screening programmes were temporarily paused in response to the COVID-19 outbreak. By mid-October 2020, routine screening had resumed across all programmes with some reduction in capacity due mainly to physical distancing and other infection prevention and control measures. Since restarting, efforts have focused on recovery from the backlog of participants waiting to be screened and the slippage in recommended screening intervals. The recovery has been challenging due to continued COVID-19-related infection and prevention control protocols including distancing and staff absences, shortages and recruitment challenges.

Dental Public Health

NHS Fife responded to the challenges faced by dental services during the pandemic by collaborating with wider colleagues including primary care, secondary care and dental public health colleagues. This collaborative approach ensured the maintenance of an Emergency and Urgent Dental Care Service in Fife at all times. The team have supported high street dentists to safely remobilise to provide more routine care where challenges continue.

A range of activity to support vulnerable groups has continued, including the distribution of tooth brushing equipment to children, foodbanks and locations supporting people experiencing homelessness.

Priority 1: Opportunities and areas of focus for public health and partners for the coming years

- **River Leven Programme** – The River Leven Programme is a regeneration project with people and the environment at its heart. The programme, which encompasses the Levenmouth Reconnected railway development, provides unprecedented scope for partners to come together and make sure opportunities to benefit individuals and communities are maximised. The River Leven Programme has a Health and Wellbeing theme, with Public Health and Health & Social Care Partnership (HSCP) Health Promotion Service providing leadership and input to this on aspects such as social referrals and community engagement.
- **Local area community assets and plans** – ‘People and Place’ groups will continue to develop their work to engage with communities, identify assets and gaps and review local area community plans. NHS Fife Public Health will support this work with interpretation of intelligence and data to inform assessment of local plans and priorities. HSCP Locality Planning Groups will be refreshed and reviewed with a view to further developing service integration and joint priorities with local community plans.

- **Spatial planning and local transport strategy** – NHS Fife Public Health will contribute to work to promote health and wellbeing through spatial planning in collaboration with Fife Council and other partners. Development of the Local Transport Strategy will provide another opportunity to improve health, wellbeing and sustainability for Fife’s people and places.
- **Tackling homelessness** – Fife’s Rapid Rehousing Transition Plan²⁵ is crucial to tackling homelessness and a priority will be to reinvigorate and refresh this work to prevent and address homelessness over the next five years.
- **Non-COVID-19 infections** – As pandemic measures ease, non-COVID-19 infections are likely to re-emerge in a population that may now be more vulnerable. Training and development of the HPT are priorities to ensure the team is fully prepared.
- **Pandemic preparedness** – We will need to ensure learning from the COVID-19 pandemic is built into future pandemic preparedness plans.
- **Reducing inequalities in screening** - Working to address inequalities in uptake of screening programmes within our population.
- **Recovery of oral health improvement programmes** - Support the national recovery of oral health within oral health improvement programmes focusing on the impact of the pandemic and also reducing inequalities.
- **Remobilisation and recovery of screening and dental services**
 - Whilst acknowledging that recovery from COVID-19 will remain a challenge for some of the screening programmes for the next few years, we will continue to work with and support the screening programmes in this recovery process.
 - Support the recovery of dental services across Fife to pre-pandemic levels
- **Fife Immunisation Strategic Framework 2021–2024** – We will provide public health expertise and leadership for the implementation of vision of the Fife Immunisation Strategic Framework 2021-2024. This will include:
 - Supporting the optimisation of immunisation coverage across the life-course, ensuring equitable access for all eligible groups and
 - Develop and implement an immunisation community engagement plan and
 - Enhancing the monitoring and evaluation of immunisation programmes within Fife.

Priority 2: A Fife where we flourish in our early years

The effects of poor health and wellbeing, and inequalities in experience and opportunity, can accumulate over a person's life, starting in childhood, and result in poorer health and life chances as a person ages.



Around 1 in 5 children in Fife are estimated to live in relative poverty.



Most children living in poverty live in working households.



36% of school leavers in the most deprived areas of Fife achieve 1 or more SCQF at Level 6 compared to **75%** in the least deprived areas.

For all of these indicators of child health and wellbeing there are inequalities between the least and most deprived areas of Fife.



30% of babies in 2021 were exclusively breastfeeding at 6-8 weeks.



74% of Primary 1 children in 2020 had no obvious dental decay.



23% of Primary 1 children measured are at risk of overweight or obesity.

25,000

Around 25,000 adults in Fife are estimated to have experienced four or more Adverse Childhood Experiences (ACEs).

For example experiencing abuse, neglect, violence, homelessness or growing up in a household where adults are experiencing poor mental health or harmful use of alcohol and drugs; which are known to contribute to poorer health and wellbeing.

Why Priority 2 is important

Not only is good health and wellbeing of great importance for children in Fife, it is also a foundation for adult health and wellbeing. The effects of poor health and wellbeing, and inequalities in experience and opportunity, can accumulate over the life course of an individual and result in poorer health and life chances as a person ages. Children's health and wellbeing are influenced by a wide range of socio-economic factors and are closely linked to the other public health priorities detailed in this report. Unfair differences in the life chances of children growing up in the most deprived areas of Fife and those living in poverty will have a significant impact on their current and future health and wellbeing.

Poverty and inequalities

The health of children and young people is impacted by the economic stability of their families. Around 1 in 5 children in Fife are estimated to live in relative poverty, and for many families a single missed wage or delayed payment could signal crisis and poverty.²⁶ The proportion of children living in relative poverty across Scotland has gradually risen since 2011/12 to 26% in 2019/20.²⁷ More than two thirds (68%) of children living in relative poverty after housing costs were living in working households.²⁷ Almost 90% of families in poverty in Scotland are in the six priority groups: lone parent families; minority ethnic families; families with a disabled adult or child; larger families (with 3 or more children); families with a youngest child aged under 1; families with a younger mother (mothers aged under 25).²⁸

The mechanisms by which poverty and disadvantage can interact with child, and subsequently adult, health and wellbeing outcomes, are complex and interconnected. For example, the effects of poverty can contribute to mental health, financial problems and substance misuse in parents which can affect parenting and children's wellbeing. In severe cases this can contribute to abuse, neglect or major adversity, which affect children's health and wellbeing in the immediate and longer term. Relative child poverty was rising pre-pandemic but the restrictions and economic impacts have increased hardship and crisis for many families.^{29,30}

There are significant inequalities in indicators of child health and wellbeing between the most deprived and least deprived areas of Fife, reflecting in part the effect of poverty on child health and wellbeing. For example, breastfeeding rates, smoking in pregnancy and vaccine uptake is lower in the most deprived areas compared to the least deprived areas.¹⁰

Education

Education affects many outcomes including employment, future earnings, involvement in crime, and health and wellbeing. We know that poverty can unfairly limit the development and educational attainment of children and young people from low income families through, for example, affecting their access to learning opportunities.³¹

There were 50,078 children in school in Fife at the 2021 Pupil Census, with 44% in secondary school.³² Across Scotland 63% of pupils leave school after S6, and in 2019/20 3,406 children left school in Fife, 92% went onto a positive destination. The top 3 positive destinations were higher education (38%), further education (36%) and training (4%). The majority of school leavers in 2019/20 (97.2%) achieved 1 or more SCQF Level 3 qualifications or higher, which is slightly higher than the figure for Scotland at 96.3%, with 95% of school leavers in the most deprived areas achieving this. However, social deprivation impacts on achievement as the level of qualification increases, with only 36% of school leavers in the most deprived areas achieving 1 or more SCQF at Level 6 in Fife compared to 75% in the least deprived areas.³²

Mental health and wellbeing and experiencing adversity

Protecting the mental health of children and young people is important to ensure their wellbeing and future health, mental health and resilience. A wide range of socio-economic factors can have a significant impact on children's and young people's mental health, including poverty or chronic health problems. Mental wellbeing scores for 13- and 15-year-olds in Fife are similar to those reported for Scotland (2018).³³ Death by suicide in young people aged 11-25 has occurred at a similar rate as observed in Scotland (9.5 per 100,000; 2015-2019), with very few deaths occurring under the age of 15 at a Scotland level.¹⁰

Cumulative exposure to multiple sources of adversity in childhood are also known to be associated with increased risk of mental health problems, further adversity and health consequences in adults. People who have had multiple adverse childhood experiences (ACEs), for example experiencing abuse, neglect, violence, homelessness or growing up in a household where adults are experiencing poor mental health or harmful use of alcohol and drugs; are likely to have poorer health and wellbeing as adults, including increased risk of chronic conditions.³⁴ In 2019, just over one in seven adults reported having experienced four or more adverse childhood experiences in the Scottish Health Survey.³⁵

The child protection register is a list of children who have been identified as being at risk of harm or further harm in Fife. There were 258 child protection registrations in Fife in 2020/21, a rate of 4 per 1000 children aged 0-15 which was similar to the rate in Scotland.³⁶ 817 children were looked after in Fife at July 2021, a crude rate of 11.4 per 1000 children aged 0-17, lower than the Scottish rate of 12.9.

Looked after children may experience further risk factors affecting their health and wellbeing, in addition to those facing all children.³⁷

General health

Breastfeeding has long term benefits for babies, including reducing the likelihood of infections and obesity, it also has known health benefits for mothers. 30% of babies in Fife were exclusively breastfed at 6-8 weeks compared to 32% across Scotland in 2020/2021.¹⁰

Being overweight or obese can significantly affect a child's health, wellbeing and self-esteem, as well as have long-term consequences for their health. In the school year 2019/20, just over three quarters (76%) of children in primary 1 (approximately 5 years old) in Fife had a healthy weight and 23.3% were at risk of overweight or obesity. In the last ten years levels of overweight and obesity have remained relatively stable in children in Fife fluctuating between 21.1 and 23.5%.³⁸

Monitoring of body mass index (BMI) for Primary 1 (P1) school children through school-based reviews has been significantly impacted by the COVID-19 pandemic with fewer children being reviewed and the most recent figures are not available at a Fife level. Public Health Scotland reported an increase in the proportion of children who were at risk of overweight and obesity from 22.7% in 2019/20 to 29.5% in 2020/21, with the biggest increase in the proportion of children at risk of obesity.³⁹ Having looked at the data in detail in terms of comparability with previous years, they have concluded that 'the scale and consistency of observed changes in 2020/21 suggest that there are true differences in the BMI distribution of P1 children and cannot be accounted for solely by differences in the size and composition of the dataset'.

In 2019/20 in Scotland, 27% of children living in the most deprived areas were at risk of overweight and obesity, compared with 17% of children living in the least deprived areas. Levels of overweight and obesity increased in both areas in 2020/21, but the increase was greater amongst children in the most deprived areas (increased to 35.7%), widening the gap between the most and least deprived areas.³¹

In terms of dental health, 74% of P1 children in Fife and across Scotland had no obvious dental decay in 2020.⁴⁰ This is a significant improvement on the 45% reported across Scotland in 2003 and the 67% reported in 2012. Inequalities are evident, 58% of P1 children in the most deprived areas of Scotland showed no obvious dental decay compared with 87% of P1 children in the least deprived areas in 2020, but the size of this difference has decreased since 2018.

Impact of COVID-19

All aspects of children and young people's lives have been affected by the pandemic, including critical windows of development socially and educationally, and access to leisure

activities and healthcare. Emerging evidence has highlighted the significant negative impacts of COVID-19 to mental health and wellbeing affecting children and young people.^{41,42,43} These may have long lasting consequences for Fife. There have been particularly stark impacts on single-parent families, those living with children with a disability or serious illness, families affected by substance use, and those with a parent in jail, and others. The pandemic has occurred on top of an already concerning situation for child health and wellbeing, and the challenge is to recover, improve and change to better support families and children in Fife.

Our ambitions for Priority 2

- The drivers of child poverty (cost of living, income from employment, income from social security benefits) are tackled
- Children and young people enjoy high quality childcare, education and leisure opportunities, including use of the outdoor environment
- There is a whole-society approach to prevent, reduce and mitigate childhood adversity including violence, abuse and neglect
- There are high quality, effective early interventions to improve children and young people's physical and mental health and to build resilience
- Children and young people's rights are promoted and integrated within service delivery

Focus of work for Priority 2 in 2020 and 2021

Work to support a healthy start in the early years has focused on responsive, comprehensive actions to mitigate the impact of child poverty, improve mental health and wellbeing with a particular focus on early intervention and prevention, increase access to support and implement a whole family approach to substance use. A family focused Healthy Weight Service aims to support positive family friendly lifestyle changes, including eating well and physical activity.

Child poverty

Fife's third Child Poverty Action Plan was published in 2021 and details positive actions taken to mitigate the impact of poverty.⁴⁴ It recognises that actions need to go beyond those that target children specifically and need to be based on listening and responding to the experiences of those living in Fife.

Children in both primary and secondary education accessing free school meal provision has increased during the past 2 years and services in Fife have been working to ensure that those families who can access free school meals know how to do so.

Initiatives around personalised income maximisation advice and support to parents and carers of children in the school setting have also been put in place.

Supporting mental health and wellbeing

Work to develop Fife's Our Minds Matter Framework for supporting young people's emotional wellbeing continues to focus on the development of partnership approaches to staged intervention practices (a structured approach to identify the level of support required), with a particular focus on early intervention and prevention.⁴⁵ In 2021, work to increase access to mental wellbeing support took place with feedback from young people and families, and examination of data across partners leading to a key focus on the provision of supports which are available digitally, support available to young people without the need for a professional referral and investment in the provision of locality-centred offers.^{46,47}

Besides these extended service-offers, themes for early intervention have also been identified. These have responded to the impacts of the COVID-19 pandemic and have included extension of supports for bereavement and loss, extension of strategies to support emotional literacy and listening and talking, and development of relationship supports.⁴⁸ In the next few years evaluation and development of these approaches will continue.

Whole family approach to substance use

Making it Work for Families was relaunched in October 2020 supporting lone parent, low income or out of work families affected by current, historic or at risk of substance use where there is a young person living at home who is in S1 or S2 at High School. ⁴⁹ The project provides tailored holistic whole family support to families through a co-ordinated approach, offering a safe space for families to overcome barriers and progress at their own pace.

Child Healthy Weight and Healthy Families

The Child Healthy Weight Programme in Fife, Fife Loves Life supports positive family friendly lifestyle changes, including eating well and physical activity. ⁵⁰ The programme can also signpost families to other services as required. Improvements have been made such as referral and care pathways being developed and implemented, running a marketing campaign to increase awareness of the service and to encourage self-referral and developing a toolkit to enable staff to signpost, refer or deliver first line key messages. The service was delivered online and via telephone due to COVID-19.

Early years funding has been secured for training the trainer on Healthy Families: Right from the start (known as HENRY). ⁵¹ HENRY Core Training builds the skills of early years practitioners to support families and children (0-5 years) to improve their health and wellbeing by changing behaviour and attitudes towards a healthy lifestyle.

Priority 2: Opportunities and areas of focus for public health and partners for the coming years

- **Income maximisation** - Support work to increase access to income maximisation programmes in the early years
- **Anchor institution** - work to support NHS Fife as an anchor institution in supporting those in low paid work, and access to work for child poverty priority groups
- **Children's rights** - Raise awareness of and realise children's rights across mainstream services, including Article 24 (healthcare for children and young people should be as good as possible) and Article 26 (children and young people should get financial support from the government when their parents or guardians are unable to provide them with a good enough standard of living by themselves) of the United Nations Convention on the Rights of the Child (UNCRC)
- **Ongoing work** - Continue work to support breastfeeding, physical activity, good diet, oral health and healthy weight

Priority 3: A Fife where we have good mental wellbeing

Good mental health and wellbeing is imperative as it enhances quality of life and survival, and improved engagement with positive health behaviours, education, employment, family and community.



38% of people report they are extremely satisfied with their life (2016/19).



10% of respondents to the Scottish Health Survey in 2019 reported that they felt lonely often or all of the time in the previous two weeks.



Depression was the second largest cause of ill health in 2019 and anxiety disorders were the 4th largest cause.



1 in 5 people were prescribed drugs for anxiety, depression or psychosis in 2019/20.



The most deprived areas have **36%** more prescriptions for anxiety, depression, psychosis than the overall average.



There was an annual average of **50** deaths from probable suicide between 2016/20.

For all these indicators of mental health and wellbeing, there are inequalities between the least and most deprived areas of Fife.

Why Priority 3 is important

Good mental health and wellbeing is imperative as it enhances quality of life and survival, and improved engagement with positive health behaviours, education, employment and community. Connections with others can help us cope with difficulties and adversity as well as improving our health and wellbeing. Poor mental health and wellbeing can have a considerable impact on individuals, their families and the wider community and often occurs alongside other health conditions. Inequalities are evident in both mental wellbeing and mental health problems.

Wellbeing and loneliness

Findings from the Scottish Health Survey in 2016-2019 reported that 38% of respondents in Fife were extremely satisfied with their life, slightly higher than the rate in Scotland, and a third of Fife respondents reported below average life satisfaction.⁵² Mental wellbeing, as measured by Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was 49.9, similar to a mean of 49.7 in Scotland.^{xiii} Mental wellbeing, as measured by WEMWBS, increases with decreasing deprivation, with mean scores of 46.5 among respondents to the Scottish Health Survey 2019 in the most deprived areas in Scotland to 51.5 in the least deprived areas.

The effect of social isolation and loneliness on mortality is estimated to be similar to that of other health risk factors such as smoking, obesity and physical inactivity.⁵³ 10% of respondents to the Scottish Health Survey across Scotland in 2019, reported that they felt lonely often or all of the time in the two weeks prior to the survey and those who reported this had lower mental well-being than respondents who were rarely or never lonely.⁵⁴ Reports of feeling lonely 'often or all of time' increase with increasing deprivation from 6% of respondents in the least deprived areas to 17% in the most deprived.

Mental health problems

17% of Fife respondents to the Scottish Health Survey reported a General Health Questionnaire (GHQ)-12 score of four or more, an indicator of potential mental health problems, the same as in Scotland.⁵² A trend of increasing prevalence of reports of two or more symptoms of depression and anxiety has been seen since 2012-13, with current figures for depression of 12% and for anxiety of 14% being the highest recorded in the time series of the survey.⁵⁴ Adults living in the most deprived quintile were more than twice as likely in 2018-2019 to report two or more symptoms of depression and twice as likely to report two or more symptoms of anxiety than those living in the least deprived quintile.³⁴

xiii The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a scale of 14 positively worded items for assessing a population's mental wellbeing, including both feeling and functioning aspects of mental wellbeing. The WEMWBS scale runs from 14 (the lowest level of wellbeing) to 70 (the highest).

1 in 5 people in Fife (20.8%) were prescribed drugs for anxiety/depression/psychosis in 2019/20, slightly higher than Scotland (19.7%). This trend has increased year on year since 2014/15.¹⁰ The most deprived areas had 36% more people receiving prescribed drugs for anxiety/depression/ psychosis than the Fife average in 2019/20, with the proportion of the population in the most deprived areas (27%) almost double that in the least deprived (15%).¹⁰

Suicide

Between 2016 and 2020 there were a total of 250 deaths from probable suicide registered in Fife, an annual average of 50 deaths.⁵⁵ The rate of suicide mortality in Fife in 2016-20 was similar to Scotland, 13.9 per 100,000 population compared to 14.1 per 100,000 population. Across Scotland more than 70% of people dying from suicide were male, with the highest numbers in men aged 35-39 and highest numbers in women aged 45-49.⁵⁶ One in every five suicide deaths in Scotland in 2020 was to someone under the age of 30. The suicide rate in most deprived areas of Scotland was three times the rate in the least deprived areas in 2020.¹⁰

Impact of COVID-19

We are not yet able to quantify the full impact of COVID-19 pandemic on mental health and wellbeing with the data available to us. Studies and surveys, mainly from 2020 and early 2021, have shown a range of impacts on mental health and wellbeing across the population, with some groups being more adversely affected. The pandemic and in particular lock downs have been associated with increased loneliness, anxiety, depression and stress.^{57,58}

Our ambitions for Priority 3

- There is promotion of mental health and wellbeing throughout society and a culture where stigma and discrimination is challenged
- Public spaces promote intergenerational social connections, people feel included in their community and social isolation is reduced
- There is widespread awareness of Adverse Childhood Experience (ACE) and trauma-informed practice
- There is access to timely and person-centered mental health advice and services across the life course

Focus of work for Priority 3 in 2020 and 2021

The focus of work for this priority has been on mental health improvement, suicide prevention, workforce development, building capacity for trauma informed working and workforce support during the pandemic. Work continued to deliver local activity in line with local and national strategies and plans.^{59,60,61,62} Fife also continues to support national campaigns to promote their key mental health and wellbeing messages where possible.^{63,64,65}

Mental health improvement

The #ItsEveryonesJob workplace campaign launched in 2021 and encouraged Fife's workforce and employers to have healthy conversations around mental wellbeing, mental health and suicide.⁶⁶ A range of materials were developed with employers and Fife Voluntary Action's Lived Experience Team including a digital toolkit, traumatic incident framework, lived experience case study and web based information.⁶⁷ Lived Experience Team volunteers have since gone on to support a number of strategic developments including the review of the MoodCafe website and work on improving pathways of care in mental health services in Fife, including for complex trauma.^{xiv} Work to launch the Fife Mental Health Peer Support Network has also taken place with the aims of improving services and employment pathways for people who have experienced mental health challenges. There has also been mental health and wellbeing support for students attending Fife College through awareness raising, health information, advice, support and training.

Workforce development including building capacity for trauma informed practice

During the pandemic, workforce training moved to '*digital by default, face to face by exception*', with training relating to improving mental health and prevention of self-harm and suicide for adults, children and young people being provided to ensure our workforce have the tools and skills needed to support people in Fife's mental health and wellbeing. Good Conversations Training and support for staff to implement this has also continued. Training around trauma has also been implemented to develop knowledge and skills in psychological trauma across all public, private and voluntary sectors by ensuring the workforce receive the appropriate training to support the delivery of trauma-informed practice.

xiv Moodcafe. Promoting Mental Health from Fife. Available: <https://www.moodcafe.co.uk/>

Suicide prevention

Work continued throughout the pandemic particularly around identifying, gathering and analysing local and national data on suicides to inform timely responses to incidents and provide a basis to plan interventions in a more targeted way. A monthly e-newsletter kept stakeholders up to date on relevant activity around suicide prevention, including local and national updates, training, research and campaigns.

Workforce support during the pandemic

During the pandemic the increased importance of supporting staff across the health and social care system and wider partners to take care of their own mental well-being was recognised, including sleeping, eating well and exercising. A range of opportunities were promoted across the system with lots of collaborative working to support staff resilience such as:

- Creation of staff Health and Wellbeing Hubs
- Staff Listening Service
- Online peer support sessions
- Mindfulness and self-compassion drop in sessions
- Information sessions for managers to clarify range and types of support
- Inspiring Kindness online conference.

Priority 3: Opportunities and priorities for public health and partners for coming years

- **Improving professional awareness and navigation of available support** – Funding has been secured to undertake work to ensure frontline staff and members of the public are aware of, and able to navigate, the range of mental health and wellbeing support and services available in Fife.
- **Support for young people** – Support for young people attending Fife College will continue.
- **Workforce development** – We will continue to equip staff to support the mental health and wellbeing of people in Fife, as well as their own wellbeing, through a suite of training and development opportunities, including Good Conversations and strengthening trauma informed practice.

Priority 4: A Fife where we reduce the use of and harm from alcohol, tobacco and drugs

Smoking and alcohol consumption continue to be leading causes of illness and early death in Fife. Deaths associated with drug use have also increased significantly in recent years. There are persistent inequalities in harms caused by smoking, alcohol consumption and drug use.



Rates of smoking have decreased significantly since the early 2000s with less than **1 in 5** of the population over 16 reporting they smoke.



Around **one third** of the population over 16 in our most deprived populations currently smoke.



Smoking during pregnancy is high with **1 in 5** expectant mothers who smoke continuing to do so.

There are inequalities evident on smoking rates in the most and least deprived areas.



Over **1 in 4** people report they exceed the recommended **14 units** of alcohol per week.



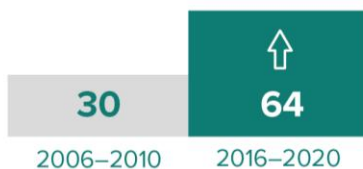
There was an annual average of **71** alcohol-specific deaths between 2016/20.



87% more alcohol-specific deaths in the most deprived areas compared to the average.



Drug-related hospital admissions have increased in Fife and across Scotland in the last 10 years.



There was an annual average of **64** drug related deaths between 2016/20, more than double the five-year average of 30 deaths in 2006/10.



Drug related deaths were **15** times higher in the most deprived areas of Fife compared to the least deprived.

Why Priority 4 is important

Smoking and alcohol consumption continue to be leading causes of illness and early death in Fife. There are persistent inequalities in both smoking and alcohol consumption and the harm they cause. Deaths associated with drug use have increased significantly in recent years and also constitute a public health emergency, with much higher rates of drug related death occurring in the most deprived areas of Fife.

Smoking

Smoking is one of the leading causes of death, responsible for many cancers (the leading cause for lung cancer), cerebrovascular disease, respiratory conditions such as chronic obstructive pulmonary disease and pneumonia. In pregnancy it increases the risk of complications such as miscarriage, still birth and having a low birth weight baby.⁶⁸ Rates of smoking have decreased significantly since the early 2000s, with less than 1 in 5 of the population over 16 reporting that they smoked in Fife (18%) and Scotland (19%) in 2019.⁶⁹ Figures for smoking levels among adolescents have also decreased since 2006; the proportion of 13- and 15-year-olds who were regular smokers in 2018 was 2% and 8% compared to 6% and 16% in 2006.⁷⁰

Despite the overall decrease in smoking levels in adults aged 16 and over, rates of smoking have continued to be higher in the more deprived areas across Scotland than the least deprived, currently at 32% and 6% compared to 45% and 17% in 2003.⁵² A similar pattern is seen in reports of smoking in pregnancy, with an average of 35% of Fife expectant mothers reporting smoking in the three years to the end of 2020/21, which was almost nine times the rate in the least deprived areas (4%).¹⁰ In line with other smoking indicators, smoking in pregnancy has decreased since 2003/4 in both Fife and Scotland to current levels of 20% and 14% respectively, but Fife levels have remained higher throughout this time.¹⁰ The risks associated with smoking increase the longer a person continues smoking. However, these risks can reduce substantially when a person stops, adding further weight to the importance of cessation policies, interventions and initiatives. In 2019/20, there were almost 3,000 attempts to stop smoking made with the help of NHS Fife smoking cessation services.⁷¹

Drugs

Use of drugs can lead to a variety of health problems including transmission of communicable diseases including human immunodeficiency virus (HIV), hepatitis, injecting related injuries, mental health problems and overdose.⁷² Due to the nature of drug use it is difficult to get a full understanding of the number of individuals with problematic drug use but the most recent estimates (2015/16) suggest this could be almost 1 in 60 (1.62%) of the

population aged between 15 and 64 in Scotland, and 1.19% in Fife^{xv},⁷³. Drug-related hospital admissions have increased significantly in Fife and across Scotland in the last 10 years, although a fall was seen in 2020/21, which may have been expected due to impact of the COVID-19 pandemic.⁷⁴ Since 2012/13, rates in Fife have been consistently higher than the Scottish average and are currently 278 per 100,000 population, compared to 235 per 100,000 population nationally and may reflect differences in care pathways in different areas. Half of all patients with a drug-related hospital admission in 2020/21 lived in the most deprived areas in Fife, with admission rates in the most deprived areas being 18 times greater than those in least deprived areas.⁷⁴

Use of drugs can also be associated with (or the consequence of) social problems which also have a long term impact on health and the health and wellbeing of families, for example crime, violence, unemployment, family breakdown and homelessness. Rates of Child Protection Case Conferences where parental drug misuse was recorded (with or without alcohol misuse) was higher in Fife than in Scotland with a crude rate of 11.8 per 100,000, compared to 7.8 per 100,000 in Scotland (2019/2020).¹⁰

In Fife, as in Scotland, an increase in drug-related deaths has been observed. The current (2016-20) five-year average in Fife of 64 deaths is more than double the five-year average of 30 deaths in 2006-10.⁷⁵ During this time Fife has had a lower drug-related death rate than Scotland which recorded the highest ever annual number of drug-related deaths in 2020. Males account for the majority of drug-related deaths in Fife and across Scotland. The average age of drug-related deaths in Scotland has increased over the last 20 years from 32 in 2000 to 43 in 2020, with the highest rates of death being among the 35-44 age group.⁷⁵ Stark inequalities are evident in drug-related deaths with rates of drug-related death 15 times higher (2015-19) in the least deprived areas compared to the most deprived areas in Fife.¹⁰ The Drugs Deaths Taskforce was established in July 2019 to tackle the rising number of drug deaths in Scotland.⁷⁶

It is increasingly understood that people with severe mental illness combined with problematic use of substances have significantly poorer health outcomes than average, and often have difficulty accessing effective treatment and support.^{xvi} It is not clear how many people are affected by such a dual diagnosis, but estimates have included that this could affect up to a third of those in secondary mental health services and 6-15% in substance misuse settings.⁷⁷

Alcohol

Drinking alcohol is a risk factor for many health conditions, including many cancers, high blood pressure, cerebrovascular disease, liver disease and mental health problem.⁷⁸ The

xv More recent estimates are not available at the time of writing this report

xvi including schizophrenia, schizotypal and delusional disorders, bipolar affective disorder and severe depressive episodes with or without psychotic episodes

harmful use of alcohol can also result in social and economic impacts for both individuals and wider society, including violence and accidents.

Self-reported alcohol consumption figures estimate that just over 1 in 4 people (22%) in Fife drank more than the weekly recommended level of 14 units per week with men more likely to report this than women in 2016-19.⁵² Surveys consistently obtain lower consumption estimates than those derived from alcohol sales data. In 2019 the equivalent of 9.9 litres of pure alcohol for every person aged 16 years and over was sold in Scotland, which converts to 19.1 units per adult per week.⁷⁹ During the COVID-19 pandemic, alcohol sales (litres of pure alcohol per adult) were 9% lower in 2020 and 16% lower up to May 2021 than the average for the same time periods in 2017–19.⁷⁹ During both these times there was a noticeable increase in alcohol off-sales (shops and supermarkets) and a substantial fall in sales within licensed premises. This level of alcohol sales during the pandemic suggests that population-level consumption continued to be above recommended levels, at an average of 17 units per adult each week.⁷⁹

There was a fall in alcohol-related hospital (acute) admissions in Fife in 2020/21 (584 per 100,000 population), compared to 2019/20 (701 per 100,000 population).⁸⁰ The COVID-19 pandemic and measures put in place to respond to the pandemic are likely to have contributed to this fall. Prior to this fall, rates in Fife had increased year on year since 2015/16 and have shown an upward trend since 2011/12, in contrast to the downward trend seen nationally during the same time period.⁸⁰

Between 2016 and 2020, there were a total of 356 alcohol-specific deaths registered in Fife, an annual average of 71 deaths and a rate of 18.5 per 100,000 population.⁸¹ This was the highest five-year rate since 2008-12 but was lower than the Scottish average, which has been a consistent trend since 2000-04. Men are more likely than women to die from an alcohol-specific death and be admitted to hospital for an alcohol-related condition.

There are large and persistent inequalities in both alcohol-related hospital admissions and alcohol-specific deaths which are both five times higher in the most deprived areas in Fife compared to the least deprived areas. The most deprived areas had double the admissions in 2020/21 and 87% more alcohol-specific deaths in 2016-20 than the Fife average.¹⁰

Our ambitions for Priority 4

- Cultural norms have changed and smoke-free, alcohol-free and drug-free facilities and events are widespread across Fife
- Decisions on the location and number of licensed premises are informed by public health intelligence
- There is a holistic and integrated approach to improving the health of those who have contact with police, criminal justice or homelessness services
- People are supported to make healthy life choices
- People are supported to access and remain in drug and alcohol treatment services
- A whole-family approach is taken to drugs and alcohol rehabilitation

Focus of work for Priority 4 in 2020 and 2021

The work to reduce harms related to alcohol and drugs in 2020 and 2021 included the establishment of a new system for the review of drug related deaths, and increased prevention activity. To address tobacco use and the wider harms associated with smoking and reduce associated health inequalities, work has centred on three priority areas: Prevention, Protection and Smoking Cessation.

Review of drug-related deaths

In 2020, the lead public health consultant and ADP (Alcohol and Drugs Partnership) colleagues established a process for reviewing all suspected drug related deaths in Fife to learn lessons to contribute to reducing the number of drug related deaths in Fife. To date, the group has learnt some very important lessons in relation to:

- Improving access to alcohol and drug services
- Improving communication and information sharing across multiple agencies and service users
- Need for a case management approach/lead agency, assertive outreach or additional support during high-risk times
- Adult Protection concerns not being identified or cases not meeting the criteria for protection
- Improving overdose awareness in people at risk and family members
- Making appropriate referrals following disclosure of physical/sexual assault
- The review also found a small number of cases where, due to COVID-19 restrictions, face to face meetings were not available and people found it difficult to engage via telephone or online.

Service changes implemented as a result of learning from the drug related deaths review process have included enabling nurses and navigators based in police custody suites to be able to make direct referrals to addiction services and training social work staff on the increased risk of overdose at significant anniversary dates. Community Pharmacies are now working to ensure missed doses of medication are reported quickly. Furthermore, a community pharmacy audit has been carried out on prescribing rates of certain high risk drugs and liaising with GP practices as appropriate.

Other work with ADP partners to increase prevention work

A Near Fatal Overdose project has implemented an 'assertive outreach' approach to engage people with services, advice and naloxone. Distribution of naloxone and injecting equipment has expanded, including peer naloxone and injecting equipment. A new anonymous reporting system has been developed to improve our capacity to quickly identify dangerous batches of drugs. There is now a Lived Experience Panel which has contributed strongly to ADP meetings.

Levenmouth locality work

Focused work with the Levenmouth locality group since 2020 has concentrated on increasing the presence and awareness of drug services embedded within the community and wide availability of injectable and nasal naloxone and injecting equipment, and support for family members. Educational opportunities on harm reduction and overdose have been available to individuals, families and friends, and key local professionals within the community.

Tobacco prevention

Fife looks to create an environment where individuals, particularly children and young people, choose not to smoke. Key pieces of work included delivering educational programmes, which encourage children and young people to consider how smoking sits alongside other risky behaviours such as drinking alcohol and drug taking. These were delivered in alternative formats as a result of the pandemic.

Tobacco protection

An important piece of work was completed to understand the issues and identifying opportunities to reduce smoking for people who are being cared for in NHS Fife's Mental Health sites, resulting in a new Temporary Abstinence Model in Mental Health sites to align with other areas of NHS Fife acute services and smoke free campaign. A challenge due to COVID-19 was the lack of access to members of the Mental Health workforce for training, particularly around medication interactions during the quitting process.

Smoking cessation

Prior to the pandemic, evidence-based smoking cessation support was available through the NHS Quit Your Way Specialist service and the midwife led service providing intensive one to one support over 12 weeks within GP Practices, Heath Centres, Hospitals and a variety of community venues. All Community Pharmacies also provided a brief stop smoking intervention. However, COVID-19 affected service availability due to staff redeployment and changes in the way people could access support, resulting in a shift to providing support remotely affecting rapport and access.

Across all three priority areas of prevention, protection and smoking cessation, the COVID-19 pandemic has impacted our ability to access community partners and conduct health promotion, awareness-raising opportunities and engagement activities at a local level.

Priority 4: Opportunities and priorities for public health and partners for coming years

- **Implementing recommendations for drug specialist services** – Improve the way drug specialist services are commissioned to address the deficits outlined in previous locally-commissioned reports such as the public health synthesis of recommendations from 2019.
- **Prevention focus for drugs and alcohol** – Make the case for more resources to be spent ‘upstream’ of the point at which overdoses or severe alcohol related complications occur, including an over-provision policy to support licensing decision making.
- **Mental health integration with substance misuse** – Find ways of providing better mental health provision and liaison for high risk individuals with both a mental health condition and substance misuse.
- **Strategic multiagency response to alcohol and drug misuse** – Some of the issues identified by the drug related deaths review process require a strategic and multi-agency response. Planning for this process is under way.
- **Implementing ‘Medication Assisted Treatment (MAT) Standards’** – The ADP is in the process of establishing a ‘Medication Assisted Treatment (MAT) Standards’ sub-group to coordinate local action to improve rapid access to medically assisted treatment.
- **Smoking Prevention** – We will work collaboratively with key stakeholders to increase engagement on Tobacco Issues, adapting and delivering prevention and education activities with children and young people at the heart, with areas of work looking at the environment in and around the school gates and children’s play parks.

- **Protection from second-hand smoke and the wider harms of smoking** – Leadership and further cultural change will be a focus in expanding smoke-free environments to ensure all are protected from second-hand smoke and the wider harms of smoking. NHS Fife can lead and manage change by refreshing our Smoking Policy to reduce smoking on our sites.
- **Smoking Cessation** – We will remobilise face to face smoking cessation services within health and community venues, and re-establish community outreach work, to improve accessibility and uptake of support that is sympathetic to people living in the most disadvantaged circumstances. We will build on opportunities to support patients to quit while in our care.

Priority 5: A Fife where we have a sustainable inclusive economy with equality of outcomes for all

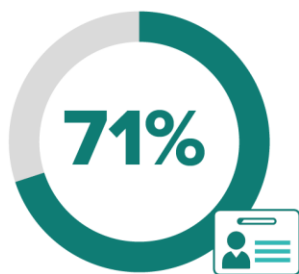
The greatest opportunity to improve health and wellbeing in Fife lies in reducing differences in health and wellbeing outcomes associated with poverty and deprivation. The drivers of poverty and deprivation are closely associated with income, quality employment and social inclusion, as well as the nature of the places in which we live.



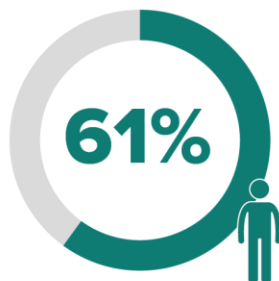
It is estimated that **19%** of Scotland's population were living in relative poverty after housing costs, in 2017/20. In Fife this would equate to **71,085** people.



12% of the population (adults and dependent children) are in receipt of key benefits in relation to being out of work or in receipt of low income.



71.3% of 16-64 year olds in Fife were in employment.



61% of the working age adults living in poverty in Scotland in 2017/20 lived in a household with at least one adult in paid work.



The median household monthly income was **£481** in 2017/20 (after housing costs).



Nearly **1 in 10** people were classed as employment deprived.

Why Priority 5 is important

The greatest opportunity to improve health and wellbeing in Fife lies in reducing differences in health and wellbeing outcomes associated with poverty and deprivation. The drivers of poverty and deprivation are closely associated with income, quality employment and social inclusion, as well as the nature of the places in which we live.

Relative Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) helps us to understand the extent to which parts of Fife are more or less deprived in relation to income, employment, education, health, access to services, crime and housing. Throughout this report we have seen that this measure can illustrate stark inequalities in life circumstances and across many health and wellbeing outcomes according to the level of multiple deprivation assigned to the area in which people live, which highlights the importance of addressing social determinants of health to improve health and wellbeing.^{xvii}

Income and poverty

Income is a fundamental social determinant of health, and in turn impacts many other wider determinants of health, for example what we can eat, our access to transport and leisure activities, our experience of financial strain etc. Societies with greater income generally have better health and research indicates that this relationship is causal i.e. earning a higher income improves health. The greatest benefits of increasing income are derived by those with the lowest incomes.⁸²

Across Scotland, median household weekly income before housing costs has seen a gradual rise since 2010-13 from £496 to £533 in 2017-20, with current weekly income after housing costs £481.⁸³ However, income inequality is evident across Scotland: in 2017-20, the top 10% of the population had 21% more income (before housing costs) than the bottom 40% combined. Across Fife, 12% of the population were categorised as income deprived in 2020, living in households in receipt of key benefits in relation to being out of work or having a low income. This varies significantly across neighbourhoods within Fife from 1.4% to 31.6%, with more deprived areas having significantly higher proportions of their population income deprived.⁸⁴

xvii Having said this, we must also take care not to generalize too far in relation to the experiences of people and families living in the different SIMD areas, for example some people and families living in the 'least deprived' areas defined by SIMD, could also be experiencing poverty or inequality depending on their own circumstances; conversely others living in the 'most deprived' areas may experience a comfortable standard of living.

It is estimated that 19% of Scotland's population were living in relative poverty after housing costs, in 2017-20. In Fife this would equate to 71,085 people. Relative poverty, the most commonly used indicator of poverty, is a measure of whether the lowest-income households are keeping pace with middle income households across the UK.⁵⁹ Estimates suggest that 10% of the population could currently be living in persistent poverty, defined as living in relative poverty for three out of the last four years. The Fairer Scotland duty places a legal responsibility on certain public bodies, including the NHS, to actively consider how they can reduce inequalities associated with socio-economic disadvantage.

The full impact of the COVID-19 pandemic on income and poverty rates is not yet known, however, reports published covering 2020 and in particular the first lockdown, suggest that the economic effects fell disproportionately on those on low pay with little savings.⁸⁵

Employment

Another important wider determinant of health is access to quality employment, which can provide income as well as meeting social and psychological needs. In 2020/21, 71.3% of those aged 16-64 years in Fife were in employment which was slightly lower than the rate for Scotland at 72.8%.⁵ Employment rates in both Scotland and Fife fell from 2019/20, but the size of the fall in Fife was not significant, (0.1%) compared to the 1.7% fall nationally. Nearly 1 in 10 people in Fife (9.4%) were classed as employment deprived, which is the same as in Scotland. In January 2022, rates of people in Scotland claiming benefits due to being unemployed was 24% higher than the pre-pandemic level in February 2020.⁸⁶ Many of the impacts of COVID-19 such as longer term impacts of working from home, furlough and future employment opportunities remain unknown.

It is important to recognise, however, that access to employment is not guaranteed to lift families out of poverty if work is low paid or insecure; and low-quality employment can contribute to poorer health outcomes. The majority (61%) of the working age adults living in poverty in Scotland in 2017-20 lived in a household with at least one adult in paid work.⁵⁹

Protected characteristics and vulnerable groups

Protected characteristics are aspects of a person's identity that makes them who they are⁸⁷. Nine characteristics are outlined in the Equality Act 2010, they are:

1. Age
2. Gender
3. Race.
4. Disability
5. Religion or belief
6. Sexual orientation
7. Gender reassignment
8. Marriage or civil partnerships
9. Pregnancy and maternity

These characteristics may affect people's health and wellbeing and their use and experience of public services, including healthcare. The Public Sector Equality Duty includes a requirement to assess the impact of new or revised policies and practices in relation to the protected characteristics.⁸⁸

Other groups also potentially face inequalities in health and wellbeing outcomes and may have a different experience of health services. For example people who experience homelessness; people who use substances; vulnerable migrants and victims of trafficking; Gypsy, Roma and traveller communities; people in contact with the justice system and many other diverse people. Whilst these people may have very different life experiences to one another they are more likely to be affected than the rest of the population to experience inequalities associated with their particular living and working conditions or social circumstances, and they may face different challenges in accessing and using health services⁸⁹.

Our ambitions for Priority 5

- The adverse impacts of welfare reforms are mitigated, income through social security benefits and income through employment are maximized
- People’s physical and mental health needs including disabilities are recognized by employers and their capacity to engage with employment supported
- There are thriving locally-rooted businesses and social enterprises offering local employment opportunities that deliver within a wellbeing economic model: fundamental human needs are met (to be valued and respected, to have a sense of dignity and purpose); income and wealth are fairly distributed; and planetary boundaries are not breached
- Employers have an inclusive workforce that reflects the communities where they are based, including protected characteristics^{xviii}

Focus of our work for Priority 5 in 2020 and 2021

The focus of work has been creating the groundwork for community wealth building; supporting the early stages of establishing NHS Fife as an anchor institution; building employability policy; supporting Fife workplaces to promote health and address inequalities; and promoting the health and wellbeing of vulnerable people and communities.

Community wealth building

The review of the Plan for Fife identified that “Our current ways of working are not preventing problems early enough or addressing the economic, environmental and other challenges we face quickly enough”. In response to this, work to embed Community Wealth Building principles was taken forward.⁹⁰ Community wealth building is a people-centred approach to local economic development to improve communities and their wellbeing, redirecting wealth back into the local economy, placing control and benefits into the hands of local people. Examples of work identified to take forward include targeting interventions to address under-representation in Fife’s workforce, promoting opportunities to join credit unions and increasing the number of organisations paying the Real Living Wage.⁹¹

xviii Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Anchor institutions

NHS Fife aims to be an anchor institution within its population area. Anchor institutions have been described as organisations that have an important presence in a place, usually through a combination of being large scale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets. In addition, anchor institutions are tied to a particular place by their mission, histories, physical assets and local relationships. The Health Foundation 2019 report, “Building healthier communities: the role of the NHS as an anchor institution” highlighted how decision makers across the health care system can maximise the contribution the NHS makes to the social, economic and environmental conditions that shape good health.⁹² The worsening of inequalities due to COVID-19 has brought the importance of this work into sharper focus. By working as an anchor institution, NHS Fife can have an impact on reducing health inequalities, particularly through our policies for employability, procurement and spend, estates, property and land.

In 2021 NHS Fife established an Anchor Institution Programme Board. Areas of work have included:

- Widening access to employment, working in partnership with Fife Council to establish the Kickstarter programme for young people
- Exploring the proportion of spend and which areas of spend from procurement can go into the local economy
- Conducting greenspace audits for all of our estates and buildings facilities and developing sustainability plans to reduce environmental impact

Financial inclusion and advice work

Work has continued to increase financial awareness, maximise incomes and improve health outcomes for people including: people attending maternity services, people with caring responsibilities and people who have received a cancer diagnosis. During 2021, new services included specialist advice services within foodbanks in Fife to support those who are living with food insecurity and the development of a financial advice service for NHS Fife staff.

Employability

Fife's employability partnership, Opportunities Fife, aims "to influence and drive innovative approaches to skills and employability services that reflect the current and future needs of individuals and employers".^{xix} Work to 'refocus employability support more on those with multiple barriers to employment', led to the commissioning of new employability services in 2021/22 and 2022/25 under the banner of No One Left Behind Fife.⁹³ The consultation and ultimate commissioning process for No One Left Behind Fife was co-designed with people who currently use unemployment services, those from key equalities groups and key delivery partners.⁹⁴

Supporting Fife's workplaces to promote health and wellbeing

Work has continued to support employers in Fife to identify workplace health and safety and wellbeing issues; develop and implement supportive policies and practices to protect and improve physical and mental health, and support employees to remain in and return to work. During the pandemic staff were directed to frontline health and social care services. However, workplaces still requested help and advice in relation to health, safety and wellbeing matters, particularly in relation to COVID-19 risk assessment and control measures, both in the workplace and for those working at home. Latterly, requests have related to measures to be implemented in the recovery from the pandemic. Social media platforms were used to raise awareness of local and national campaigns and activities and to signpost to supporting services. Case studies were developed to identify and share good workplace practices on promoting health at work.^{xx}

xix Opportunities Fife: Available: <https://www.opportunitiesfife.org/>

xx [Frontline Fife](#), [Police Scotland](#), [Youth 1st](#)

Inclusion health

Building on existing outreach work to address health inequalities in access to sexual health and blood-borne viruses (BBV) services, during the pandemic Sexual Health and BBV services staff in partnership with “We Are with You” workers maintained outreach harm reduction and support services to people across Fife most at risk, extending this to people experiencing homelessness.^{xxi, 95,xxii} This included providing practical support like access to phones, food, medicines and other supports and maintaining capacity to continue HIV and Hepatitis C treatments through outreach. Innovative ways of working included the use of the NHS Fife Public Dental Service Childsmile bus, street work in town centres and liaison with homeless accommodation units. This extended to include roll out of LFD kits and promotion of immunisation in homeless units.^{xxiii} This way of working is here to stay.

A new collaboration with the University of Dundee and the Scottish Drugs Forum focused on oral health improvement for people with experience of drugs. The collaboration has included capturing lived experience in a series of comics highlighting oral health issues that are pertinent to this population, and an oral health training programme for addiction workers supporting people in recovery. The next stages of development of the programme are currently being planned.

NHS Fife also formed part of the response for Afghan refugees including providing health screening, childhood immunisations, support to access health services and emergency dental care, and short courses of dental treatment where needed.

xxi We are with you is Fife’s Specialist Harm Reduction Service, offering a range of services to help reduce drug related harm.

xxii This work uses the ACORN approach (Access Care Respond to Needs).

xxiii Childsmile is a national programme to improve the oral health of children in Scotland and reduce inequalities in dental health and access to dental services

Priority 5: Opportunities and priorities for public health and partners for coming years

- **Embedding the Anchor Institution principles:** Anchor Institution development work will continue. This will help NHS Fife and key partner organisations prioritise work on areas such as employability and procurement that will promote community wealth building in Fife. Employability and poverty initiatives such as the Kickstart programme and Living Wage Accreditation will be crucial elements of this. The focus of the work should include:
 - Widening access to quality work for the NHS with inclusive workforces reflecting their communities, including protected characteristics
 - Purchasing more locally and for social benefit including developing involvement in the NHS Community Benefit Gateway⁹⁶
 - Using buildings and spaces to support communities
 - Reducing environmental impact
 - Working more closely with local partners
- **Anti-poverty measures:** Continue to work on interventions that are upstream and prevent crisis, including developing a plan for delivering a range of anti-poverty measures across a variety of settings such as GP practices, acute hospital settings and community venues.

Priority 6: A Fife where we eat well, have a healthy weight and are physically active

Poor diet and physical inactivity are major risk factors for many chronic diseases, as well as contributing to mild and moderate mental health, depression and anxiety and social isolation.



Around **two thirds** of adults are overweight (including obese).



Around **two thirds** of the adult population meet the recommended levels of physical activity.



Over a **quarter** of people report having low or very low activity levels.



1 in 5 people report eating the recommended five portions of fruit or vegetables per day.



1 in 10 people report eating no fruit or vegetables.



27,720

It is estimated that more than **27,720** people in Fife are food insecure (**9%**).



Rates of obesity and Type 2 diabetes among adults are higher in older adults and the most deprived areas compared to the least deprived.

Why Priority 6 is important

Poor diet is a major risk factor for obesity and chronic diseases including cancer, heart disease and Type 2 diabetes, as well as contributing to mild and moderate mental health, depression and anxiety and social isolation. The social dimension of food is significant, including its potential to build connection and community, however, there are also clear links between food insecurity, diet and health inequalities. The COVID-19 pandemic has affected food security, cooking and eating habits and levels of physical activity.

Overweight and obesity

The circumstances and behaviours that contribute to obesity are influenced by a complex combination of biological, psychological, environmental and social factors. Many of the factors overlap and interact with each other, with deprivation increasing the risks. The bidirectional link between mental health and physical health cannot be ignored. Experiencing mental health problems, particularly depression, significantly increases a person's risk of being overweight, with those experiencing severe mental illness (SMI) at even more risk. Obesity and overweight are associated with a wide range of health complications and premature mortality, including emerging evidence indicating that excess weight is associated with a heightened risk of serious COVID-19 outcomes.⁹⁷

Around two thirds of adults in Fife (68%) were overweight (including obese) and 31% of adults were obese in 2016-19, similar proportions to Scotland.⁵² Across Scotland, gradual increases in overweight levels have been seen since 2011 and are currently (2019) at their highest levels since 2003. Scottish Health Survey data from a smaller telephone survey in 2020, reported that 39% of people in Scotland stated their weight had increased since March 2020.⁹⁸

Males (69%) are more likely to be overweight (including obese) than females (67%) in Fife (2016-19) and in Scotland.⁵² The levels of overweight (including obese) and obesity increases with age until the age group of 75 and over when levels decrease. Obesity rates among adults are higher in Scotland's most deprived areas compared to the least deprived, particularly for women amongst whom rates in 2019 were 40% in the most deprived areas compared to 18% in the least deprived.⁵⁴

Type 2 diabetes

Rising obesity levels are contributing to increased rates of Type 2 diabetes, which is preventable. The most recent Scottish Diabetes Survey (2019) reported that there were 20,390 people with known Type 2 diabetes in Fife, a crude prevalence of 5.5%. Type 2 diabetes is more common in older people; 53% of all people with diabetes recorded in the survey were aged 65 years or older.⁹⁹ With an ageing population, the prevalence of Type 2 diabetes is expected to continue to rise. There are wide inequalities in Type 2 diabetes across Scotland with prevalence in the most deprived areas (12%) three times greater than in the least deprived areas (4%).⁹⁹

Diet and eating well

Scotland has long faced significant challenges to improve its diet, and consumption of foods such as cakes, biscuits and sugary drinks remain at higher than recommended levels to maintain good health.¹⁰⁰

Adults in Fife eat around three portions of fruit or vegetables a day, similar to the Scotland average. Only 1 in 5 people in Fife report eating the recommended five portions of fruit or vegetables per day (21% compared to 22% in Scotland), and around 1 in 10 people (11%) report eating no fruit or vegetables (10% in Scotland).⁵²

Whilst the COVID-19 pandemic has seen increased purchases of fruit and vegetables there is also evidence that snacking, purchases of discretionary foods and takeaways have increased, however, this occurred alongside decreased eating out. Around a third (34%) of parents in Scotland reported their diet had become less healthy and 17% reported their children's diets had also worsened.⁹²

Food insecurity

Household food insecurity has significant implications for health and wellbeing including hunger. It is defined as “the inability of one or more members of a household to consume an adequate quality or sufficient quantity of food that is useful for health, in socially acceptable ways, or the uncertainty that they will be able to do so”.¹⁰¹ While poverty is the major cause of food insecurity, there are other contributory factors, for example, the skills and knowledge to prepare healthy, nutritious food, or access to adequate equipment to do so.

In 2019, 9% of adults in Scotland were estimated to be food insecure, which equated to 27,720 people in Fife. Food insecurity was more common among younger adults (13% in 16-44 year olds) and among single parents (31%).⁵⁴ Adults (12%) and children (14%) living in relative poverty in Scotland were much more likely to live in very low food security households compared to the population as a whole (4%).

During the past 15 months, local partnership groups in Fife's seven areas have increasingly identified food insecurity as a significant issue. COVID-19 had knock on effects to community food providers and foodbanks, who had to find alternative ways of delivering services at a time when need was even greater. Increases in both food and fuel prices are expected to exacerbate these issues in the coming months.

Physical activity

Physical activity offers a protective effect against many chronic conditions, including coronary heart disease, obesity, Type 2 diabetes and mental health problems, and can increase social connectedness, reducing isolation.¹⁰²

Around two thirds of the adult population in Fife meet the recommended levels of physical activity (67% compared to 65% Scotland, 2016-19). But over a quarter of people (27%) report having low or very low activity levels, similar to the rate in Scotland (25%).⁵² The proportion of adults meeting recommended levels declines with age and in all age groups men are more likely to meet recommended levels than women. Across Scotland, 71% of children aged 2-15 met physical activity levels for their age group, with two thirds participating in sport in the week prior when interviewed, but participation in sports was lower in children aged 13-25.⁵⁴ 51.8% of school pupils in Fife surveyed in 2020 said they normally travel to school in an active way, without any form of motorised transport. Walking was the most popular mode of active travel to school (46%).

The COVID-19 pandemic appears to have changed our physical activity levels in different ways depending on individual circumstances.⁹¹ In Scotland, whilst there are indications that recreational walking and cycling have increased, overall walking does not appear to have increased compared to previous years, whilst cycling has.¹⁰³ This reflects the changes in levels of routine exercise in daily life such as travel to work or shops, as a consequence of COVID-19 restrictions.

Our ambitions for Priority 6

- There are cultural and structural changes to support active travel, healthy eating and breastfeeding as norms
- We have consistent approaches to healthy eating and physical activity across multiple sectors - health, education, welfare, social care, workplaces and the voluntary sector
- Individuals and communities are empowered to access and participate in healthy eating and physical activity throughout the life course, including the ageing population and addressing food insecurity

Focus of our work for Priority 6 in 2020 and 2021

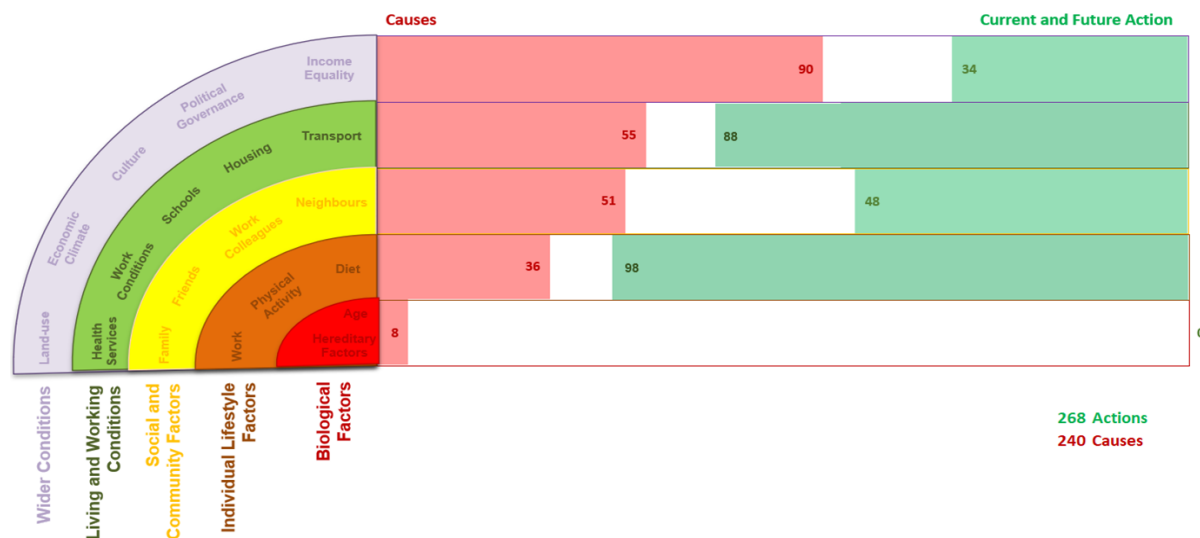
The focus of work has been partnership, working with a wide range of partners on a number of multi-pronged collaborative programmes focused on preventing Type 2 diabetes and obesity, and strengthening the food system in Fife. Physical activity interventions across the life course are being delivered and physical activity interventions are embedded in much of the broader partnership work.

East Region Type 2 Diabetes Prevention Partnership

The East Region Type 2 Diabetes Prevention Partnership was created in 2019, with work continuing throughout 2020 and 2021.¹⁰⁴ Health and social care providers have joined forces with partners from the public, third and private sectors to address the increasing rates of preventable diabetes across the whole system. The partnership focuses on four areas: adult weight management, children and young people, piloting a whole systems approach to diet and healthy weight, and an employer workstream. Activities have included research into outdoor advertising around schools, exploring and understanding the 27-30 month review of Health Visitor data, and working with education and early years colleagues to support sport and exercise extra-curricular activities.

The whole systems approach aspect of the work involves applying systems thinking to collectively better understand and address obesity, with pilot work in Dunfermline and Cowdenbeath areas. This work aims to encourage ownership and achieve change in prioritised actions to address inequalities. Collaboratively, a wide range of stakeholders mapped the causes of obesity and the activities already happening in Cowdenbeath and Dunfermline. From this, 10 themes were identified with many of these associated with the 'upstream factors' or wider conditions that affect health, however, of existing interventions in place many were more commonly linked to individual lifestyle factors (Figure 8). Three themes of Home Environment, Transport and Availability of Unhealthy Food emerged as priorities for action. Keeping wider upstream determinants of health in mind will be very important as plans to address and prevent obesity in our communities develop.

Figure 8: Current and Future Actions Mapped Against the Perceived Causes of Obesity



Feeding Fifers

New initiatives such as the introduction of Feeding Fifers were made possible through online collaboration during the pandemic.¹⁰⁵ This joint initiative engaged with communities across Fife to share healthy eating tips, meal ideas and recipes using social media. Recipe cards were distributed across Fife via community assistance hubs and promoted across local food initiatives to ensure support and information were available to as many people as possible.

The Food4Fife Partnership

This partnership, established in 2021, is about people in Fife (individuals, communities and businesses) coming together to work across all aspects of the food system to help solve some of today’s health, environmental and economic challenges, strongly aligned to all of Fife Partnership’s Recovery and Renewal priorities.^{xxiv} The Partnership’s vision is to create a sustainable food culture for a healthy Fife via a strategy and action plan that will include ‘6-pillars’ as described in Figure 9.

xxiv Fife Partnership’s Recovery and Renewal priorities are: Community Wealth Building, Addressing the Climate Emergency, Tackling Poverty and Preventing Crisis and Leading Economic Recovery.

Figure 9: Creating a Sustainable Food Culture, for a Healthy Fife



Physical activity

During 2021, a Physical Activity and Sport Strategy was developed with the aim of realising ‘An Active Fife where everyone has opportunities to be more active, with better physical and mental health and wellbeing’.¹⁰⁶ Recognising the impact COVID-19 has had on many people in Fife, actions from the strategy are themed around:

- Reducing inequalities in physical activity and sport across Fife
- Increasing and sustaining physical activity, physical confidence and sports participation
- Building resilient communities that are physically active and participate in sport
- Investing in facilities and infrastructure for physical activity and sport.

Partnership work continued in 2020 and 2021 to link physical activity to health outcomes such as improved mental health and in a variety of settings, including workplaces, care settings and with a variety of population groups, including incorporating physical activity within a new ‘Be Well-Get Active’ programme. Work has also taken place to link with the Older Adults Care Network to promote physical activity in care settings and to support care providers with physical activity ideas to enable their service users to maximise independence. Resources have also been developed specifically for people with dementia and work is underway to help support those living with chronic pain through instructor-led physical activity programmes.

With walking being a key recreational activity in the pandemic, walking challenges continued to be developed by creating virtual interactive maps enabling engagement within communities, as well as promoting walking for older people through linking with local history.

Priority 6: Opportunities and priorities for public health and partners for coming years

- **Focus on upstream determinants of health to prevent obesity:** Continue engagement with Fife Partnership agencies and emphasise the need to work upstream in order to achieve our goals. Progress Phase 2 of our Whole Systems Approach to obesity prevention within Cowdenbeath and Dunfermline and share learning on whole systems way of working with appropriate partnerships across Fife.
- **Diabetes prevention:** Continue to be part of the East of Scotland Type 2 Diabetes Prevention Partnership, implementing the recommendations from various evaluations, working both across the region and within Fife.
- **Physical activity pathway:** Implement the Physical Activity Pathway within NHS Fife and support the different developing approaches to increasing physical activity within Fife, as well as the Fife Physical Activity and Sport Strategy.
- **Implementation of a sustainable healthy food culture:** Continue to develop and implement the Food4Fife Partnership strategy action plan to realise the vision of creating a sustainable food culture for a healthy Fife.

Conclusions

The Fife population is ageing and is expected to continue to do so, whilst the proportion of years lived in good health is reducing. The difference between the life expectancy and healthy life expectancy of people living in the most deprived and in the least deprived parts of Fife is stark, and in younger age groups inequalities in the rates of early death are even more marked. Increasing healthy life expectancy and reducing the ingrained differences in health outcomes are fundamental to improved overall population health, but not straightforward.

Rates of obesity, levels of alcohol consumption, sedentary activity and smoking, and experience of childhood adversity, are higher in Fife than they should be for good health and there is a marked difference in the prevalence of these risk factors between the most and least deprived parts of the region. The effects of many of these health risk factors accumulate from an early age, highlighting a need for focus on these risk factors across the life course.

The burden of anxiety, depression and loneliness, and more severe mental health problems, also limit the wellbeing potential of the Fife population, including children and young people, and again there is a clear relationship between deprivation and poor mental health. We see the same distribution of inequalities with problematic drug use, on a background of increasing drug related deaths.

Whilst focus on preventing health conditions that have the greatest impact on health and wellbeing, and the direct risk factors for poor health is crucial, we must equally turn attention to the broader 'upstream' factors that have a more insidious effect on our health. These are the 'social determinants of health' that interact to shape our lives, influence our health behaviours and generate unfair differences in our society from a young age. By systematically addressing these root causes of poor health and wellbeing in Fife, we will have a far greater chance of creating change in health outcomes across our population in years to come. For example, by preventing, mitigating and undoing the impact of poverty on health and wellbeing; reducing inequalities in education attainment, and facilitating access to quality employment and safe and secure housing.

One approach to this is committing to work with communities and partners to foster healthy places in the areas of Fife most affected by multiple deprivation, building on the assets within those communities, such as the Levenmouth project and The River Leven Programme. Additional approaches include supporting and or collaborating with particular populations more vulnerable to poor health outcomes to improve their health and wellbeing. Working with the Fife homeless community during the COVID-19 pandemic, and the Alcohol and Drugs Partnership lived experience panel, are examples of good work in support and collaboration.

There remain opportunities to systematically consider and address the broader determinants driving specific public health challenges, in a similar way to how we are addressing obesity in Fife, working together as a whole system. Similarly, there are opportunities for Fife public sector institutions to consider their role in addressing social determinants of health through policy and even beyond their normal sphere of influence; for example through promoting financial inclusion pathways and becoming 'anchor institutions' for the benefit of our Fife communities.

The COVID-19 pandemic has generated an unprecedented challenge to population health in Fife and for the first time has contributed to a drop in life expectancy across Scotland. Our population have experienced both the direct impacts of the disease, and also wider harms associated with restrictions on life, including changes to employment, education, social isolation, travel and diet, which all affect health. At this stage we do not fully understand the effect of these changes on health, but early indications are that this has resulted in serious and potentially lasting impacts.

Whilst the pandemic has made it challenging to conduct the full range of public health work, this report reflects on a huge range of activities that have been undertaken despite this. The pandemic has resulted in innovative and collaborative efforts across Fife communities and partners, from which lessons have been learned to support improved ways of working for the future.

Improving the health and wellbeing of the population of Fife requires a concerted and collaborative effort including partnerships to address complex challenges, evidence of which is demonstrated throughout this report. Continuing and further developing such work and placing consideration of health at the centre of all policy making in all sectors, will enable us to further strengthen efforts towards improving health and wellbeing for the people of Fife.

Glossary

ACE	Adverse Childhood Experience
ADP	Alcohol & Drug Partnership
BBV	Blood Borne Virus
BMI	Body Mass Index
COP26	United Nations (UN) Climate Change Conference
GHQ-12	General Health Questionnaire-12
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HPT	Health Protection Team
HPV	Human Papillomavirus
HSCP	Health and Social Care Partnership
LFD	Lateral Flow Device
MAT	Medication Assisted Treatment
NHS	National Health Service
NRS	National Records of Scotland
P1	Primary 1
PCR	Polymerase Chain Reaction
PHS	Public Health Scotland
RNA	Ribonucleic Acid
S6	Sixth year in Scottish secondary schools
SALSUS	Schools Adolescent Lifestyle and Substance Abuse Survey
ScotPHO	Scottish Public Health Observatory
SCQF	Scottish Credit and Qualifications Framework Partnership
SIMD	Scottish Index of Multiple Deprivation
SMI	Severe Mental Illness
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organisation

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