

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 8 December 2025
Title:	Director of Public Health Report 2025: Growing Well to Live Well: Understanding the Burden of Disease
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1. Purpose

This is presented to the Board:

- Discussion

This paper relates to:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Director of Public Health is tasked with presenting an Annual Report to the NHS Board on the state of the health of the population of Ayrshire and Arran.

The Director of Public Health Report 2025 explores the challenges in the creation and experience of health for many people across NHS Ayrshire & Arran. This has a related impact on the need and demand of both acute and emergency health care presentations and the need for health and social care services, alongside wider demands on public sector services and Community Planning partners.

Using a life course lens, alongside consideration of social and economic changes over the last fifty years; with the detail in the Burden of Disease Study; the Report details how intentional activity to realise universal and targeted preventive potential will help reduce these pressures and risks; adding years to life and life to years and a better experience of health and wellbeing for all income groups.

2.2 Background

At this time, pressures to create and sustain health and wellbeing in Scotland and for the population of Ayrshire and Arran have never been more evident or challenging as evidenced in the following and explored in the Director of Public Health Report 2025:

- Stalling life expectancy for the poorest people in Scotlandⁱ
- More people living into later years in poorer healthⁱⁱ
- The urgent need to remodel the design and delivery of health care given resource and funding pressures and constraintsⁱⁱⁱ
- Public confidence in health and social care^{iv}
- A projected increase of 21% in the Burden of Disease with disproportionate impacts on the most disadvantaged populations.^v
- Notable financial pressures for the NHS Board and Health and Social Care Partnerships.

2.3 Assessment

The Director of Public Health Report details the origins and challenges of the high levels of health and social care need in the NHS Ayrshire & Arran population, from multiple disadvantaged urban communities; to clusters of rural deprivation; isolated communities; and an aging and frailer population. (The Urban Rural Classification: P7, Understanding the Life Course Burden of Disease: P23) The report details how the seeding of poor health risk lies in the complex intersections of socioeconomic factors (40%) the physical environment (10%) that influence health related behaviours (30%) and health care needs (20%). These breakdowns as demonstrated by Marmot^{vi} (Four Pillars of Health: P25) serve as actionable insights where the preventive potential to reduce demand and mitigate needs lie.

The report brings attention to the key risks and influences that have shaped the experience of health for the Ayrshire and Arran population over time, and that continue to influence health outcomes to the current time, through a life-course lens. This approach provides texture and context for the experience of both health and illness across a life and between generations.

Exploring the intersection of challenge and adversity, alongside opportunities and hope in community and family life, informs an understanding how health is mediated for individuals alongside preventive opportunities to reduce the development of poor outcomes/chronic illness and disease.

This is informed by understanding of each of the following and intersections and associations between each of them:

- Health as a fundamental human right^{vii} (P9)
- Health inextricably linked to community and planetary wellbeing^{viii} (P12)
- Health as a resource for and across life^{ix} (P19)

This report provides examples of challenges for the populations of Ayrshire and Arran (Change and Challenge for Ayrshire Communities: P14) and opportunities being realised for preventive work across the life course:

- Early Years: Safeguarding/Maternal Obesity/Healthy Birth Weight/Infant Feeding/Family Focused Care (P29-35)

- Primary Years: Child Dental Health/Child Poverty/Family Focused Care P36-35);
- Secondary Years: Teen Pregnancy/Youth Vaping/Corporate Parenting (P40-43)
- Young Adults: Mental Health/Migrant TB Screening (P44-48)
Adults: Substance Use/Early Prison Release/Cancer Screening/Cardiovascular Conditions/Aging Well (49-58)
- Older Adults/Elderly: COPD/Alzheimer's Disease and Dementia (P59-60)

The origins and drivers for poor health experience are influenced by high levels of childhood poverty with the three Ayrshire Local Authorities having a higher percentage of children living in relative poverty than the average for Scotland. (Child Poverty: P38) Family and community adversity arising from the considerable loss of employment across coal mining and heavy industry in the 1980s and subsequent financial shocks, alongside the COVID-19 pandemic, have further compounded the health experience of Ayrshire communities. Humans are less likely to achieve their full potential at school or work or experience good health across their life when they experience enduring scarcity: both relational and financial, alongside challenges with housing and access to good food, transport and distressed community life.

The Scottish Burden of Disease Study identifies the high numbers of years of life lost to illness and premature death in Ayrshire compared to Scotland, (Challenges to Achieving Health: Understanding the Burden of Disease across NHS Ayrshire and Arran: P 19) Evidence of emerging compromised health status can be seen from adolescence onward due to mental health challenges and addiction. The greatest numbers of years lost to poor health and premature death for males aged 65-84 is ischaemic heart disease, noting the onset increasing from 45 to 64 years. It is of considerable concern to see the years of life lost to addiction and premature death for males aged 24 to 45 years.

For women, the greatest burden of disease is lung cancer for women aged 65-84, mostly a legacy effect from the later reduction in smoking by women in recent years. The second greatest burden of disease is for women aged 65-84 years from ischaemic heart disease, noting as for men, the emerging pattern of disease from 45-66 years.

The report provides context for the challenges of the population that translate into challenges for the provision of health and social care and wider partner services (education, housing, police, fire-service, third sector, business).

It details how a combination of universal and targeted prevention approaches, when considered and applied with intention, can reduce the demand and acuity of health care presentations with associated efficiencies and savings to be made. Examples of good practice are identified through the life course framing that demonstrate both universal and targeted approaches.

The report concludes with actionable insights that inform a series of recommendations to the NHS Board.

2.3.1 Quality/patient care

The report details many opportunities to realise the preventive potential while improving the experience of care by intentional activity within acute and community

settings to across a prevention continuum of primary, secondary and tertiary prevention approaches.

2.3.2 Workforce

The report observes that realising the preventive potential of health and social care services, where needs and risks are identified early and met in a timeous manner, will further contribute to a motivated and energised workforce and realise additional improvements in the experience of care and the health potential of individuals.

2.3.3 Financial

The report is predicated on a resource neutral approach for acute and community health and social care services, while utilising the knowledge skills and expertise of the NHS Board Public Health Department to best effect.

While there will not necessarily be immediate savings, improving the offer of preventive primary, secondary and tertiary care will make savings in the medium and longer term through reducing the length of stay, better management of conditions that avoid deterioration or escalation of health care needs.

In the meantime, better realising the universal preventive potential through the many opportunities to buffer the adversity experienced by many infants', children, adolescents and young adults across maternity, health visiting, school nursing, to childcare and early education services to primary and secondary and college/university services will bring returns and savings over years to come.

2.3.4 Risk assessment/management

There are no immediate or evident risks for the NHS Board or health care services from this report, though there may be media and or public interest in the report content that can inform discussion and developments that might follow from the report.

2.3.5 Equality and diversity, including health inequalities

The report's content and intent aligns to and informs these responsibilities and duties.

An impact assessment has not been undertaken as the report fulfils the responsibility of the Director of Public Health to detail and Annual Report on the health of the NHS Ayrshire & Arran population and is primarily to support and inform discussion with further actions yet to be identified.

2.3.6 Other impacts

The report presents opportunities for the NHS Board to take an intentional approach to fully realise the preventive potential for the populations of NHS Ayrshire & Arran through both universal and targeted approaches to make visible a golden thread of prevention activity across Health and Social Care Partnership services and the wider Community Planning Partnerships.

The mechanisms for this align to the best value principles of best value approaches:

- Vision and Leadership
- Effective Partnerships
- Governance and accountability
- Use of resources
- Performance management

The report aligns to and is compliant with NHS Board's Corporate Objectives.

The report will further inform the preventive work of Community Planning Partnerships and related Local Outcome Improvement Plans.

2.3.7 Communication, involvement, engagement and consultation

The report has involved and engaged with the Director Leadership Group and the Extended Leadership Group of the Public Health Department. Different members of the Department have contributed to the report as well as colleagues across the acute sector and Health and Social Care Partnerships and Community Planning partners.

2.3.8 Route to the meeting

As the Director of Public Health Annual Report this has sat predominantly within the Public Health Department with contributions from many partners as detailed in the report submitted directly to the NHS Board.

2.4 Recommendation

For discussion. Members are asked to discuss and note the actionable insights from the Director of Public Health Report 2025 and related recommendations.

The action required at this point is a discussion to examine and consider the implications of the Report and the consideration of further activity as determined by the NHS Board.

Actionable Insights

- Humans thrive when their fundamental relational and basic wants and needs (income, food, housing, health care) are met. This supports the creation of resilience to negotiate and navigate the challenges that undoubtedly exist across life. In the absence of relational certainty, uncertainty over income, food and housing, people do less well; people rarely thrive in environments of enduring scarcity.
- Life course framings bring additional awareness and opportunities to realise the preventive potential within the most challenged communities of Ayrshire. The consequences of societal and economic changes in the 1980s are influencing the experience of health and disease through life; evidenced through young men and women living with drug and alcohol and mental health needs and distress and observed by high rates of drug, alcohol and suicide deaths before the age of 45 years.
- Realising the preventive potential for the populations of NHS Ayrshire & Arran will lead to benefits in the quality of life and experience of health across all income groups; with the greatest benefits for those experiencing the greatest challenges in family and community life and their experiences of health and wellbeing and premature, preventable death.
- Realising the preventive potential of health and social care services, where needs and risks are identified early and met in a timely manner, will co-create a motivated and energised workforce and realise improvements in the experience of care and health potential of individuals.

Recommendations

The Ayrshire and Arran NHS Board, and the senior leadership within the Ayrshire Local Authorities and wider community Planning Partners are encouraged and invited to:

1. Build a stronger understanding of how poverty and lack of opportunity affect people in the most disadvantaged communities across North, South, and East Ayrshire.
2. Recognise the benefits of both universal and targeted approaches in using health as a resource for life: from before birth, through all life stages, and across generations: for individuals, families, and communities.
3. Work with purpose, pace, and scale across systems and services to unlock this preventive potential for all Ayrshire citizens. Every partner should take responsibility and act within their sphere of influence to deliver the opportunities outlined in this report.
4. The 2026 Director of Public Health (DPH) Report will build on these themes. It will guide the planning and design of services that meet the diverse needs of people at different ages and life stages, from urban centres to remote towns and villages. This work will support the Caring for Ayrshire Action Plan: citizens at the centre of care, accessing the right care, in the right place, at the right time.
5. Key asks of the Public Health Department and all partners/programmes of work involves examining:
 - i. What is being delivered and how we ensure maximum impact (across a prevention continuum) to effect change in this space as a team.
 - ii. How we demonstrate leadership and collaboration across the whole system to fully realise preventive potential.
 - iii. How we ensure our work reaches those most affected by poverty and inequality, including rural and remote communities.
 - iv. The gaps are in our current approach, and what practical steps we can take to close them.
 - v. How we embed prevention across all systems and services, not just in strategic plans.
 - vi. What evidence demonstrates progress and impact across communities.

3. List of appendices (where required)

The following appendices are included with this report:

Appendix 1: NHS Ayrshire & Arran Director of Public Health Report 2025: Growing Well to Live Well: Understanding the Burden of Disease

ⁱ <https://publichealthscotland.scot/our-areas-of-work/public-health-approach-to-prevention/scotlands-public-health-challenges/>

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- ii [Excess Mortality in Scotland and Glasgow - ScotPHO](#)
 - iii [NHS in Scotland 2024: Finance and performance | Audit Scotland](#)
 - iv [Public satisfaction with the NHS and social care in 2024: Results from the British Social Attitudes survey | Nuffield Trust](#)
 - v [Estimating the future burden of disease - News - Public Health Scotland](#)
 - vi [Scotland - Collaboration for Health Equity \(CHES\) - IHE](#)
 - vii [Human rights](#)
 - viii [No public health without planetary health - The Lancet Public Health](#)
 - ix [40 years of the Ottawa Charter for Health Promotion—Reaffirming Health for All | Health Promotion International | Oxford Academic](#)