

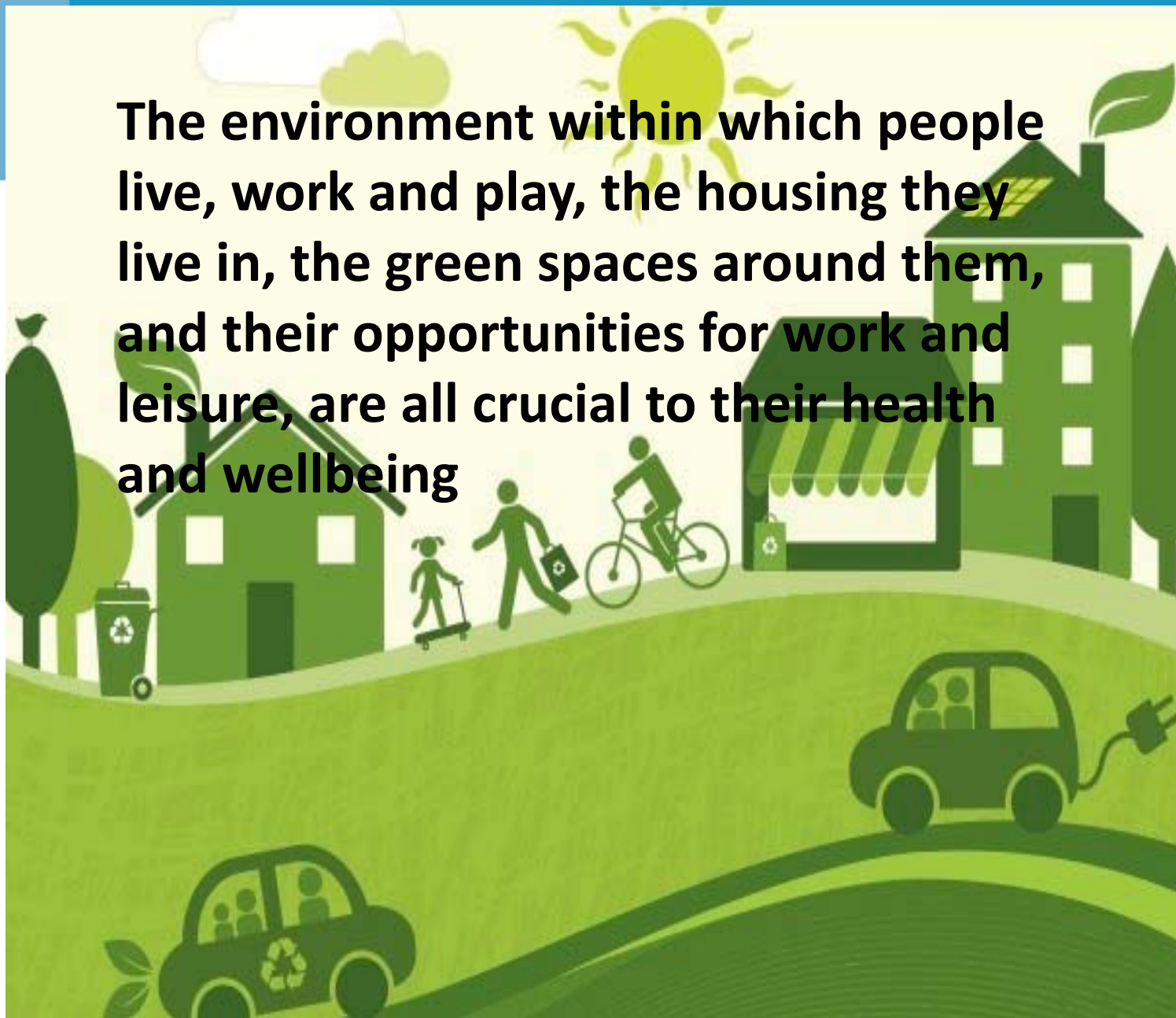
Turning the tide through prevention

Public Health Strategy

2018-2028



The environment within which people live, work and play, the housing they live in, the green spaces around them, and their opportunities for work and leisure, are all crucial to their health and wellbeing



We want to change the conversation from the demands of ill-health as a burden for Renfrewshire to instead discuss health as an asset that can support social and economic outcomes for individuals and the area as a whole.

A Worker's Speech to a Doctor

(Bertolt Brecht)



When we visit you
Our clothes are ripped and torn

And you listen all over our naked
body.

As to the cause of our illness
A glance at our rags would be more

Revealing. One and the same cause
wears out
Our bodies and our clothes

The pain in our shoulder comes You
say, from the damp; and this is also
the cause

Of the patch on the apartment wall.

So tell us then:
Where does the damp come from?

Too much work and too little food
Make us weak and scrawny.

Your prescription says:
Put on more weight.

You might as well tell a fish
Go climb a tree

Aim of the strategy



**Accelerate the improvement in HLE and
reduce the gap within GGC and between GGC
and the rest of Scotland**

Emphasises the approach as well as the actions

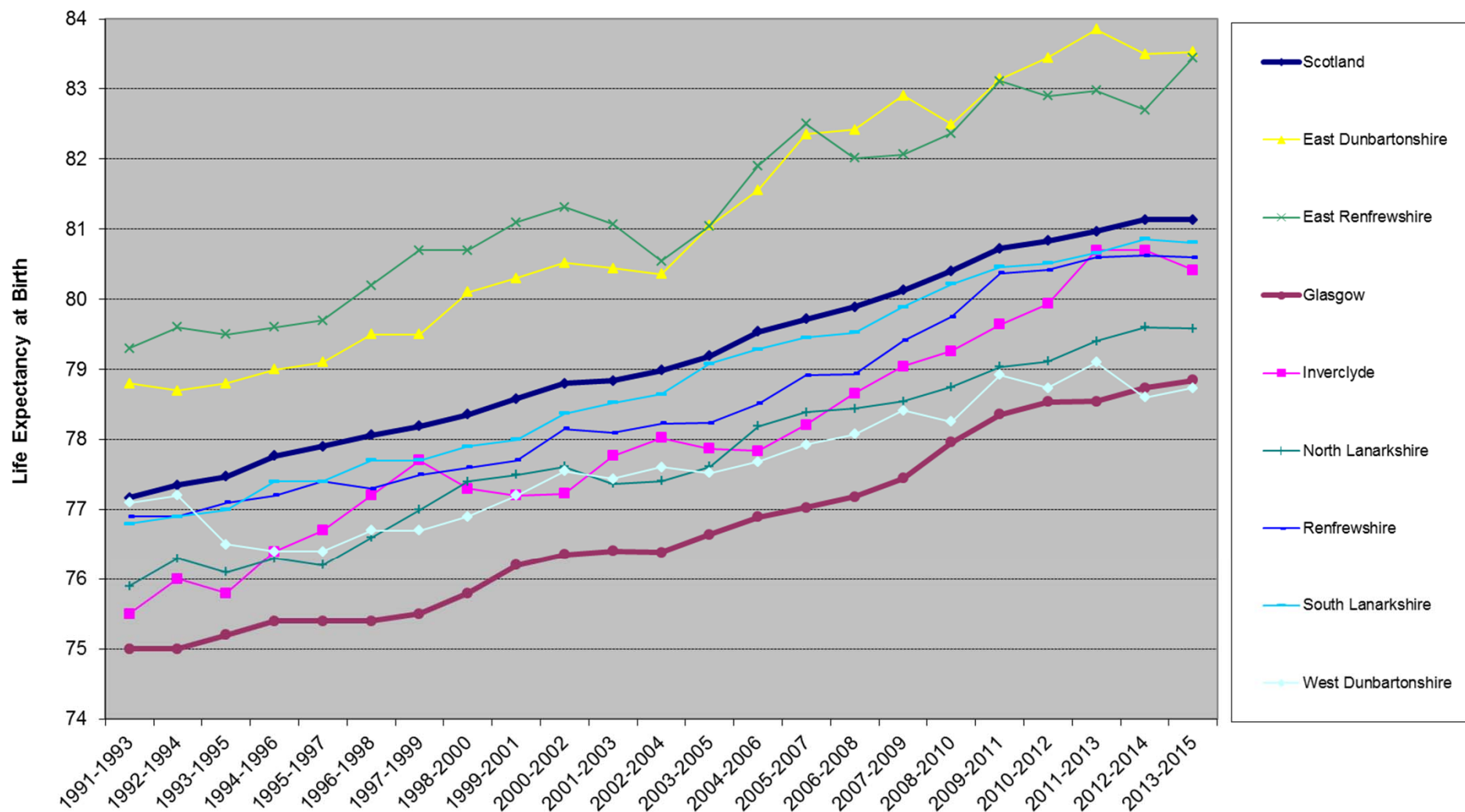
Create impetus for change

Female life expectancy trends within Glasgow and Clyde Valley



Female Life Expectancy at Birth, Glasgow and Clyde Valley Local Authorities, 1991-93 to 2013-15

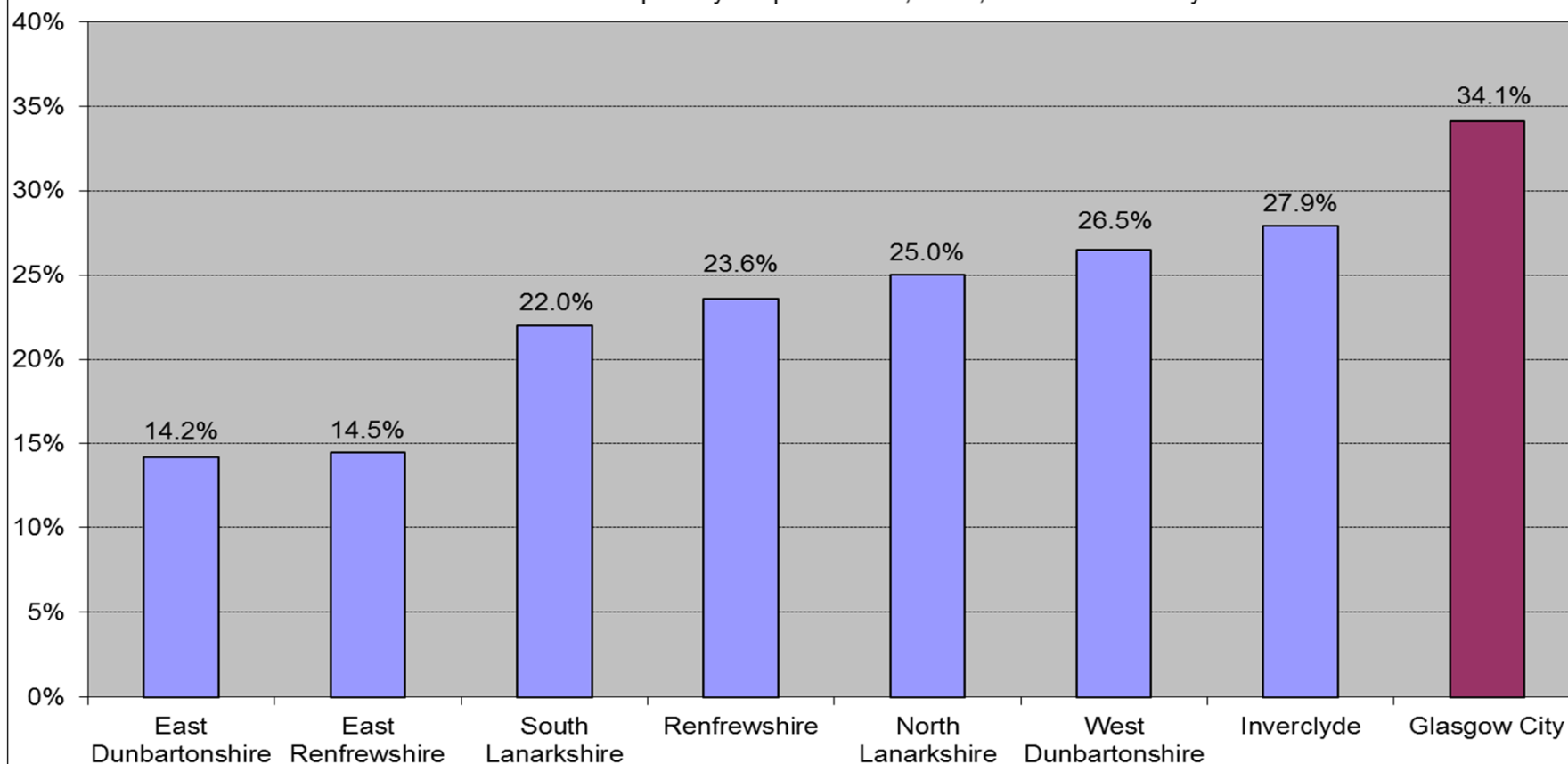
Source: ONS, National Records of Scotland



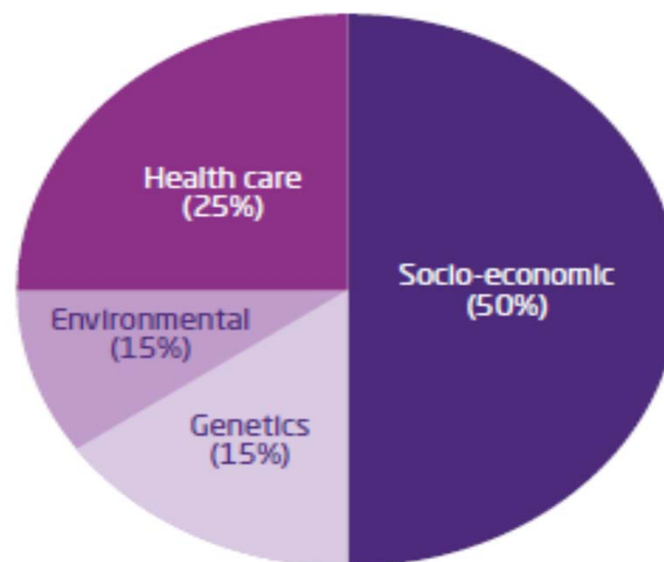
Child Poverty

Estimates of the percentage of children in poverty (after housing costs) in the eight local authorities of the Glasgow and Clyde Valley region, Oct-Dec 2015

Source: The child poverty map of the UK, 2016, End Child Poverty



Canadian Institute of Advanced Research (2012)



The King's Fund

Pressures on health services e.g. A&E – 2015/16 to 2017/18



- Increase in A&E of approx 1% per year
- Attendance RATE increased by an average of 0.3% per year, highest in most deprived quintile
- Using calendar years, 3.4% increase in A&E attendances between 2017 and 2018
- Increase in ED attendances in December and January of 9%
- No change in ambulatory care sensitive conditions

Becoming a public health organisation

- As a partner
- As an advocate for communities
- As an enabler to empower communities
- As a service provider
- As an employer
- As a procurer of goods and services
- As an active participant in creating healthy environments



Scotland's Public Health Priorities

A Scotland where we:

- live in vibrant, healthy and safe places and communities
- flourish in our early years
- have good mental wellbeing
- reduce the use of and harm from alcohol, tobacco and other drugs
- have a sustainable, inclusive economy with equality of outcomes for all
- eat well, have a healthy weight and are physically active.



Programmes in the strategy



- Understanding the needs, experiences and assets of the population, how these vary by sub-group and change over time
 - Needs assessment, place-based approaches, economic impact of prevention.
- Tackling the fundamental causes of poor health and of health inequalities - these causes are the basis on which inequalities are formed - and mitigate their effects.
 - Child poverty, promote health literacy, homelessness and health, mental health and well-being

Programmes

- Applying a life course approach, recognising the importance of a healthy start in life and the need to maximise opportunities for health and wellbeing at all life stages.
 - New universal pathway for health visiting, FNP, ACES, staff health, prevention aspects of dementia strategy
- Intervening on the intermediate causes of poor health and health inequalities: these are the wider environmental influences on health, including access to services, equality and human rights and other aspects of society.
 - Health in all policies, reducing harm from drugs and alcohol, tobacco

Programmes in the Strategy



- Improving health services by ensuring effectiveness; accessibility, equity and best value, and strengthening the health impact of other services across GGC.
 - Screening programmes, MFT, Health promoting health services
- Protecting the public's health from environmental, communicable and other potential risks.
 - VTP, reduce transmission of HIV and other BBV, sexual health

Health in All Policies



- “Health in All Policies” (HiAP) is a way to operationalise the understanding that health is affected by multiple sectors of our society
- HiAP approach explicitly and systematically takes into account the health implications of the decisions we make and targets the key social determinants of health.
- Looks for synergies between health and other core objectives, thereby creating opportunity for more joined up policy making and implementation.

Key principles of implementation



- Collective ambition
- Long term commitment to improving HLE
- A shift to prevention in all of our business
- Work as a Public Health System
- Development of Local Public Health Partnerships
- Brave Leadership
- Work in partnership with communities and wider public health workforce

Ladder of community participation

1. NHS (OR OTHER AGENCY) INITIATES AND DIRECTS ACTION

NHS takes the lead and directs the community to act.

2. COMPREHENSIVE COMMUNITY CONSULTATION

NHS solicits ongoing, in-depth community input.

3. NHS INFORMS AND EDUCATES COMMUNITY

NHS shares information with the community.

4. BRIDGING

Community members serve as conduits of information and feedback to and from the local health department.

5. LIMITED COMMUNITY INPUT/CONSULTATION

NHS or other agency solicits specific, periodic community input.

6. POWER-SHARING

Community and NHS and/or other agencies define and solve problems together.

7. COMMUNITY INITIATES AND DIRECTS ACTION

Community makes decisions, acts, and shares information with the local health department.



Next Steps

- Work with HSCPs on strategic plans
- Participation in CPPs and LOIPs
- Engagement
 - Social media, existing networks, new discussion fora
- Development of monitoring framework

“There is no design so good that it can't be messed up by bad implementation.” Nakhro