



To: **Community Care, Health and Wellbeing Thematic Board**

On: **20 May 2015**

Report by:

**Head of Planning and Health Improvement
Renfrewshire Health and Social Care Partnership**

PUBLIC HEALTH REVIEW – STAKEHOLDER ENGAGEMENT

1. Summary

Scottish Ministers announced in November 2014 that they had asked for a review of public health in Scotland and had established an expert group to take this forward and report back in 2015.

The focus for the review is on how to widen and deepen the influence of Public Health –both as a public service function and an important outcome for Scotland. The core question is: "How can we be more effective in tackling health and social inequalities, and increasing healthy life expectancy in Scotland in a sustainable way?"

2. Recommendations

It is recommended that the Community Care Health and Wellbeing Board notes the response to the stakeholder consultation as detailed in Appendix 2.

3. Background

Scottish Ministers announced in November 2014 that they had asked for a review of public health in Scotland and had established an expert group to take this forward and report back in 2015.

The public health function, with its strong focus on prevention, equity and quality, is integral to health service values and aims in Scotland, and to public services reform. The focus for the review is on how to widen and deepen the influence of Public Health –both as a public service function and an important outcome for Scotland. The core question is: "How can we be more effective in tackling health and social inequalities, and increasing healthy life expectancy in Scotland in a sustainable way?"



In light of this, the review group has been asked to:

Undertake a review of public health systems and the delivery of all public health functions in Scotland with a strong focus on how public health contributes to improving health and wellbeing across the life-course, and reducing health inequalities for the future.

To examine:

- Public health leadership and influence both within the health sector and more widely
- Workforce planning and development, succession planning and resourcing within the multi-disciplinary core public health workforce
- Opportunities for greater joined-up working and successful implementation of public health measures within the context of community planning, single outcome agreements, and health and social care integration

To make recommendations to:

- Strengthen the contribution of Public Health in Scotland in light of current and future population health challenges and the emerging policy and organisational contexts
- Maximise the effectiveness and efficiency of the public health resource in Scotland
- Achieve consistency where this will enhance quality and impact
- Ensure the responsiveness and resilience of the public health function for the future

At its initial meeting, in December 2014, the review group asked for an engagement paper to be drafted to seek input from stakeholders (see Appendix 1). Members of the Community Care, Health and Wellbeing Board were asked for comments on the engagement paper at the meeting on 5th February.

In developing a response to the consultation, a group of officers from Renfrewshire Council and Renfrewshire Community Health Partnership met to discuss and agree the Community Planning Partnerships response, which is detailed in Appendix 2. The response offers comments on the following three key themes:

1. Good practice and what works well
2. Access to public health support and information
3. Practicalities and moving from research to practice

4. Resources

No resource implications

5. Prevention

The public health function, with its strong focus on prevention, equity and quality, is integral to health service values and aims in Scotland, and to public services reform .

28 January 2015

Public Health Review: Engagement Paper

Scottish Ministers announced in November 2014 that they had asked for a review of public health in Scotland and had established an expert group to take this forward and report back in 2015. The review group, chaired by Dr Hamish Wilson, met for the first time in December 2014 when it agreed that it was important to get views and input from a wide range of stakeholders to help inform the review.

This paper provides the context for the Ministerial announcement and sets out the terms of reference for the review. It also outlines key challenges and potential opportunities for public health.

The review group would welcome stakeholder responses to the engagement questions and would be grateful if the paper could be shared widely so that the group can have the benefit of feedback from a range of stakeholders, recognising that responsibilities for addressing public health issues sit not only within the health sector but also in local and national government, the community and voluntary sector, and the private sector. This paper is intended as a stimulus for initial engagement and will be followed by further opportunities for engagement, for example through regional and national meetings.

Public Health

Public health has been defined as the activity and outcomes associated with “*the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society*”¹. The public health function involves mobilising local, national and international resources to focus resources, policies, services and wider societal processes to promote improved health and wellbeing in the population.

The public health function (or endeavour) can be defined as “a robust, adequately resourced system that can secure and sustain the public’s health, addressing health and associated policy issues at a population level and leading a co-ordinated effort to tackle underlying causes of poor health”². For this function to be successful it needs to be delivered in partnership with individuals, communities, Scottish Government, local government, public, private and third sector organisations.

The three key domains of public health defined by the Faculty of Public Health are health improvement, improving health services and health protection. A fourth area comprises public health intelligence and evidence: the data and research evidence that underpin effective public health policy and practice. The public health review will encompass the spectrum of activities incorporated within these definitions of public health.

¹ Public Health in England. The Report of the Committee of Inquiry into the Future Development of the Public Health Function. HMSO, 1988.

² Adapted from review of the Public Health Function in Scotland 1999.

Context

Public health involves a wide-ranging set of activities focussed on creating the conditions for good health, and reducing the potential for ill-health, across the life-course. The public health task continues to be to help the whole population realise their potential for health and wellbeing and to help reduce the inequalities gap. This includes helping individuals, in so far as they are able, to take responsibility for their own health and wellbeing and that of others. Given the country's health record, and the consequences of this for individuals, communities and the country as a whole, this is a major priority for Scotland.

The Scottish Government is committed to promoting fairness and social justice as an overarching theme across Government and delivery organisations. Tackling health inequalities is recognised as one of the major policy challenges and necessitates action on the spectrum of determinants of health (including education, employment and economic factors, physical and social environments, and the quality and shape of services).

A number of policy and service developments provide a stimulus for a strengthening of the public health endeavour. For example, the [Scottish Government 2020 Vision for Health and Social Care](#) includes a focus on prevention; and reducing health inequalities is identified as one of the 12 priority areas for action in the [Route Map](#) to this Vision.

The integration of health and social care will provide a number of specific opportunities to strengthen the role of public health in Scotland, with much greater possibilities for joined-up working, prevention, population-based health improvement and person-centred care.

Community Planning Partnerships, with shared ownership of priorities set out in Single Outcome Agreements, provide the basis and potential for real collaborative working, leadership and influence to achieve effective public health measures through a whole systems approach and adoption of health in all policies. The Community Empowerment Bill opens up new possibilities for greater power and decision-making at local levels.

In light of these policies and others we might consider what the public health function could look like in the future and how public health can be a powerful player in the policy and delivery landscape.

It is within this context that Ministers have asked for a review of public health.

Public Health Challenge

The public health challenge remains complex and persistent. Current public health practice is still predominantly focused on addressing the causes of communicable and non-communicable disease and that work is valuable and should continue. There is a desire, though, for the public health response to develop further,

expanding its contribution to tackling health inequalities and securing longer healthy life expectancy for Scotland's increasingly diverse population. Could more joint endeavour help to optimise the impact of the public health resource? Is there an opportunity for closer integration with local authorities? Can increased cooperation reduce any duplication of effort? Is there a single strategic vision for public health in Scotland which could give greater visibility and effectiveness and reduce variation and deliver a 'once for Scotland' approach?

Terms of Reference

The public health function, with its strong focus on prevention, equity and quality, is integral to health service values and aims in Scotland, and to public services reform. The focus for the review is on how to widen and deepen the influence of Public Health –both as a public service function and an important outcome for Scotland. The core question is: “How can we be more effective in tackling health and social inequalities, and increasing healthy life expectancy in Scotland in a sustainable way?” In light of this, the review group has been asked to progress the following.

To undertake a review of public health systems and the delivery of all public health functions in Scotland with a strong focus on how public health contributes to improving health and wellbeing across the life-course, and reducing health inequalities for the future.

To examine:

- public health leadership and influence both within the health sector and more widely,
- workforce planning and development, succession planning and resourcing within the multi-disciplinary core public health workforce, and
- opportunities for greater joined-up working and successful implementation of public health measures within the context of community planning, single outcome agreements, and health and social care integration.

To make recommendations to:

- strengthen the contribution of Public Health in Scotland in light of current and future population health challenges and the emerging policy and organisational contexts,
- maximise the effectiveness and efficiency of the public health resource in Scotland,
- achieve consistency where this will enhance quality and impact, and
- ensure the responsiveness and resilience of the public health function for the future.

Engagement Questions

At its initial meeting, in December 2014, the review group asked for this engagement paper to be drafted to seek input from stakeholders on a number of questions to help inform the considerations of the group:

1. How can public health in Scotland best contribute to the challenges discussed? Specifically, what is your view and evidence of the Strengths, Weaknesses, Opportunities and Threats (SWOT) to the contribution of the public health function in improving Scotland's health and reducing inequalities?
2. How can public health leadership in Scotland be developed to deliver maximum impact?
3. How do we strengthen and support partnerships to tackle the challenges and add greater value. How do we support the wider public health workforce within those partnerships to continue to develop and sustain their public health roles?
4. What would help to maintain a core/specialist public health resource that works effectively, is well co-ordinated and resilient?
5. How can we provide opportunities for professional development and workforce succession planning for the core public health workforce?

Public Health Review Stakeholder Engagement

Stakeholders are invited to offer their responses to the engagement questions to the review group by emailing publichealthreview@scotland.gsi.gov.uk by 12 March 2015. Please complete the respondent information questions on page 5 and return with your information. We would be grateful if you are able to limit responses to 12 A4 sides to help the secretariat with reviewing the information

We are aware that the Scottish Public Health Workforce Development Group, chaired by Andrew Fraser, has sought input from stakeholders on a range of workforce matters and Andrew Fraser has agreed to share the responses with the review group.

For further information or enquiries please contact the publichealthreview@scotland.gsi.gov.uk mailbox or the Scottish Government policy lead Heather Cowan on 0131 244 2136

Please complete the respondent information questions on page 5 and return with your responses:

1. Organisation name

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2. Title | Forename | Surname

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3. Postal Address

Post Code

4. Phone | Email address

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5. I am responding as a group/organisation ☐ and note that the response will be shared with the public health review groupⁱ.

The name and address of your organisation will be made available to the public (e.g. if the Scottish Government publishes a report on behalf of the review group or if responses are published on the Scottish Government website).

Are you content for your response to be made available?

Please tick as appropriate ☐ Yes ☐ No

6. I am responding as an individual ☐ and note that the response will be shared with the public health review groupⁱⁱ.

Do you agree to your response being made public? (e.g. if the Scottish Government publishes a report on behalf of the review group or if responses are published on the Scottish Government website?)

Please tick as appropriate ☐ Yes ☐ No

Where confidentiality is not requested the Scottish Government can make your responses available in one of the following basis please tick the one that applies.

Yes, make my response, name and address all available ☐

Yes, make my response available, but not my name and address ☐

Yes, make my response and name available, but not my address ☐

7. Public Health Division of the Scottish Government (SG) will share your response internally with other SG policy teams who may be addressing the issues you discuss. SG may then wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this engagement exercise

Please tick as appropriate ☐ Yes ☐ No

ⁱ Review Group membership available by contacting the publichealthreview@scotland.gsi.gov.uk mailbox

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Public Health Review – Stakeholder Engagement

Response from Renfrewshire Community Planning Partnership

The Community Planning Partnership in Renfrewshire is pleased to have the opportunity to contribute to the national Public Health Review. We recognise that our partnership has a key role to play to reduce health inequalities in Renfrewshire. Our vision is for people in Renfrewshire to have an increasing, healthy life expectancy, with inequalities between different communities being narrowed significantly. Partners across the Council, NHS, voluntary sector, Police, Fire and further/higher education all have a role to deliver this vision.

We are unable to structure a response around the five consultation questions, but offer our comments around key themes:

1. Good practice and what works well
2. Access to public health support and information
3. Practicalities and moving from research to practice.

1. Good Practice and What Works Well

A Tackling Poverty Commission was set up in Renfrewshire and will report later this month. A public health specialist was part of the commission, and further public health input was received as part of the evidence gathering process from the Centre for Population Health. Input at this strategic level was extremely valuable and supported the wider gathering of information. Local public health/health improvement support will be required at the next stage of implementation.

In Renfrewshire, the local health service has taken a lead role in Community Planning, supporting the Partnership Board and leading some of the cross-cutting work. This has widened ownership of the Community Planning agenda, and strengthened the focus on health, wellbeing and inequalities across the whole plan.

Our SOA offers a set of outcomes which we hope will interconnect to provide improvements in Renfrewshire. We also recognise there are many more partners, beyond the Community Planning Partners who can be engaged in the debate and have a contribution to reduce health inequalities; local businesses, less formal groups of residents and communities.

We have been able to gather very good local health intelligence by undertaking both adult and young people health & wellbeing surveys. A public health researcher provided the specialist advice to ensure we received the best possible information from these surveys both individually and over time. The results have been useful to determine local action by a number of partners.



2. Access to Public Health Support and Information

Stronger Public Health leadership at national level is vital to influence public policy.

The wide range of local, national and online support is complex for Community Planning partners to understand and access. It would be helpful to have the role of local health improvement, Board specialists, national agencies and the Centre for Population Health clearly described with pathways into each of these areas clarified.

At a local level, we will be moving into our new Health and Social Care partnership arrangements on 1st April, with the Chief Officer having a significant role in the Council's Corporate Management structure. The HSCP will offer an opportunity to generate momentum around reducing health inequalities. The local health improvement team will be part of the Health and Social Care Partnership, and this arrangement may place them in a stronger position to influence health and the health impact of wider decisions made across the Council.

3. Practicalities and Moving from Research/Policy into Practice

It remains a challenge to use public health support to change local policy. For example, public health information has been used to try to influence licensing decisions but it has proved difficult to link population health information with specific licensing decisions. We need help to use the evidence provided by Public Health in a targeted, effective way to influence policy. Therefore, it is important to embed Public Health leadership responsibility across leaders in Community Planning Partnerships.

There is also a risk in passing on increasing public health responsibility to frontline staff, where the reason for the contact is a specific health or social care need. We are asking more and more of this group of staff, and while there may be a health improvement opportunity, frontline staff need appropriate training and time to carry out an operational and a health improvement role.