SCOTTISH GOVERNMENT 2015 REVIEW OF PUBLIC HEALTH

BRIEFING PAPER FOR THE THIRD SECTOR

Background

1. On 11th February 2016 the Scottish Government published its [2015 Review of Public Health](#).

2. The report is the outcome of the review carried out by the Public Health Review Group in 2015 and includes specific recognition of the third sector's role as a partner in public health.

3. VHS was represented on the Review Group by Grant Sugden, CEO of Waverley Care, and we had additional input through our presentation to the Group on the role of the third sector as a partner in public health and through a VHS Sounding Board event with the third sector and Scottish Government (February 2015).

4. The purpose of the review was to consider the role of the public health function in the context of the emerging policy landscape and current and future public health challenges, and to recommend how the function could be strengthened to respond more effectively to the opportunities and challenges.

5. The report defines public health as: the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society. Some key features help to distinguish a public health approach from other approaches to improving health and wellbeing, such as those delivered through personalised health and care. Based on the definitions used by the Faculty of Public Health, public health is described as:

   ➢ Being ***population based*** – concerned with the factors that make populations (e.g. communities, cities, regions, countries) healthier or unhealthier;
   ➢ Emphasising **collective responsibility for health**, its protection and disease prevention – through *the organised efforts of society*;
   ➢ Recognising the role of the state, and of *the **underlying socio-economic and wider determinants of health** and disease*, including the distribution of power, resources and opportunities within and across populations; and

➢ Involving *partnership* with those who contribute to the health of current and future populations.

Current Public Health Challenges in Scotland

6. The Review states that public health challenges such as obesity, mental health problems and inactivity, together with the persistence of health inequalities, require a concerted population health response, achieved through the organised efforts of society - current measures are not seen to be sufficiently accelerating improvement in the country's public health.

7. Notable features of population health in Scotland:
   ➢ Lower life expectancy than our European counterparts
   ➢ High levels of preventable mortality and morbidity in our ageing population
   ➢ Continued increases in the levels of overweight and obesity in the population, counteracting life expectancy gains achieved through other health measures
   ➢ Health inequalities persist across a range of outcomes – clear relationship between deprivation and population health
   ➢ High levels of multi-morbidity – in particular concurrent physical and mental health conditions
   ➢ Mental health problems are common and greatly affect life chances – social inequalities in mental health are enduring and persistent
   ➢ Despite improvements, considerable marked inequalities in dental health still exist – dental decay is the single most common cause for children being admitted to hospital for general anaesthetic in Scotland and is particularly prevalent in our most deprived groups.

8. The overall challenge is to increase the years of life that people in Scotland live in good health - Healthy Life Expectancy (HLE) - and to reduce the inequalities in health that exist in Scotland.

Review Recommendations

9. The evidence received by the review group emphasised the cost-effectiveness of preventative approaches and a wide appetite for a more active public health effort in Scotland. It suggested that this be supported through the following recommendations:

   ➢ Review and rationalise **organisational arrangements** – this should make greater use of national arrangements, including health protection, and improve clarity about what the public health function is nationally, regionally and locally.
   ➢ Develop a **national public health strategy** which outlines clear priorities and outcomes.
   ➢ **Clearer and strengthened roles for Directors of Public Health (DsPH)**, individually and collectively.
   ➢ More **coherent action** and a stronger public health voice in Scotland.
   ➢ Greater coordination of **academic public health** – actions and interventions should be informed by evidence
   ➢ Enhanced role for **Public Health Specialists** within Community Planning Partnerships (CPPs) and Integration Authorities (IAs)

➤ Planned **development of the public health workforce** and a structured approach to **utilising the wider workforce**.

The Third Sector as Partners in Public Health – 'Third Among Equals'

This review recognises that:

10. Responsibility for public health lies not only with the NHS, but also with national and local governments, public, private and third sectors; and communities and individuals.

11. Solutions go beyond the direct control of public health agencies and departments, and require work across complex systems, far beyond NHS and health boundaries, to influence wider agendas, policies and programmes, and these require new ways of working.

12. The third sector, other public services, communities and the private sector make a major contribution to public health, as does the wider workforce across the public sector and voluntary and community sectors. These are considerable organisational and people resources, but not all of the potential is currently being realised.

13. Specific population health priorities take into account health inequalities and their social determinants, e.g. inactivity, nutrition, obesity, and poor mental wellbeing. The importance of tackling poverty and inequalities is reiterated in this report given the clear links between social deprivation and poorer health outcomes.

14. Public health supports the shift to prevention and to tackling the inequalities in our society with a wide-range of preventative approaches which can result in positive health outcomes and be cost-effective.

15. Engagement responses highlighted the opportunity for public health agencies and leaders to develop stronger partnerships with the third/voluntary sector, enabling this sector to be "third among equals" in partnerships, with its skills and experience being better utilised.

16. The third sector can enhance the public's health. In particular it has access to marginalised groups and an important role to play in reaching, working with, and empowering local communities.

Thinking Points

17. **Organisational landscape**: there's a perception that the public health landscape is cluttered. At a national level responsibility for public health is shared across NHS Health Scotland, Health Protection Scotland, the Information Services Division (within NHS National Services Scotland), Healthcare Improvement Scotland and the Scottish Environmental Protection Agency. There's also seen to be some duplication of activity across the 14 geographical health boards, some of which is deemed unnecessary - how can co-ordination between and within levels be improved and what would a more effective public health organisational function look like?

18. A **public health strategy**: the review suggests that a strategy with clear priorities, responsibilities and outcomes could make for a more cohesive approach to public health and

would drive a stronger leadership effort – what would achievement of outcomes for a strategy's identified priorities look like in the short, medium and long term? It identifies tackling health inequalities with an upstream approach as a key function of public health - how can the third sector input to development of this strategy, ensuring that its role as part of the wider workforce is defined and integrated approaches are engrained in its delivery plan?

19. **Leadership**: the review proposes a greater role for DsPH, especially in supporting CPPs and newly formed IAs - how can DsPH better support the public health functions of CPPs and IAs and the third sector's role within these structures, whilst maintaining their support to NHS public health functions and national functions?

20. **Evidence**: the review emphasises the importance of evidence-based policy and action - how can the third sector be better supported in demonstrating its impact on public health outcomes? A truly coherent approach requires a range of evidence and good practice – what can the third sector contribute to this evidence base?

21. **Public Health Specialists**: the review calls for an enhanced role for Public Health Specialists within CPPs and IAs but doesn't detail what shape this would take – how can these Specialists work better with the third sector and its representatives on CPPs and IAs?

22. **A structured approach to utilising the wider workforce**: the review points to opportunities to develop and better utilise the 'wider public health workforce', which incorporates the third sector – what could such workforce development look like?

23. **Effective partnerships are essential**: how can stronger partnerships between the public health agencies and the third sector be developed – can the third sector truly be 'third among equals?'

24th February 2015.

View Scottish Government *2015 Review of Public Health in Scotland*

Supporting links:

Public Health Review Research Report: Summary of key findings
Public Health Review: Analysis of responses to the engagement paper
Public Health Review: Report on regional engagement workshops and slides

For further information and to register to attend our Sounding Board on the 23rd March in Edinburgh please contact: Lauren Blair, Programme Engagement Officer, and Voluntary Health Scotland - 0131 474 6189 lauren.blair@vhscotland.org.uk.