

Review of Public Health Sounding Board

23 March 2016

Stuart Cable NHS Education Scotland



Voluntary Health Scotland Public Health Sounding Board

***Wednesday 23rd March 2016
City of Edinburgh Methodist Church,
25 Nicholson Square,
Edinburgh, EH8 9BX***

Welcome and Housekeeping

The Public Health Review - timeline

- Review announced November 2014
- Consultation questions March 2015
- Regional workshops April/May 2015
- Review published Feb 2016
- VHS Briefing paper moments later!

Our genetics, lifestyles, health care and the environments where we live, learn, work and play all determine our health.

Dahlgren and Whitehead (1993)



Creating and protecting health is a challenge. Many aspects of our lives combine to create our health and wellbeing right across the life-course.



The most pressing challenges of the next decade

- Focusing upstream on prevention to reduce high levels of preventable mortality and multi-morbidity in the future.
- Helping everyone stay well for as long as possible whatever their current state of health. In particular, increasing the number of years in good health for our poorest citizens.
- Addressing recent trends in over-consumption, inactivity and obesity which have the potential to overturn recent gains in life expectancy and healthy life expectancy.
- Giving attention to mental health and wellbeing which can affect life chances and often coexist with physical health problems.
- Continuing to address Scotland's challenge with harmful alcohol consumption and continuing our efforts on tobacco control to reduce smoking further.
- Ensuring collective, cross-government and cross-sector effort focussed on prevention.

Recommendations

- Public Health Vision and Strategy
- Workforce vision that supports the public health strategy
 - Workforce development covering leadership and succession planning, supporting and developing existing staff and planning for future roles
 - Workforce planning
 - Training
 - Registration: related specifically to practitioner registration
 - Support to the wider workforce
- Organisational structures

Gareth Brown Scottish Government

Public Health Review

Gareth Brown
Health Protection Division

Contents

- What is 'public health' and why does it matter?
- The Public Health Review
- What Happens Next?

What is Public Health?

The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society



Why is it important?

It matters for the NHS - the sustainability of the NHS in 2020-2030s depends on improving our ageing population's health. We won't grow our way out of the challenge.

It matters for the economy - a healthy working age population to maximise productivity, maximise tax revenues and reduce social security costs.

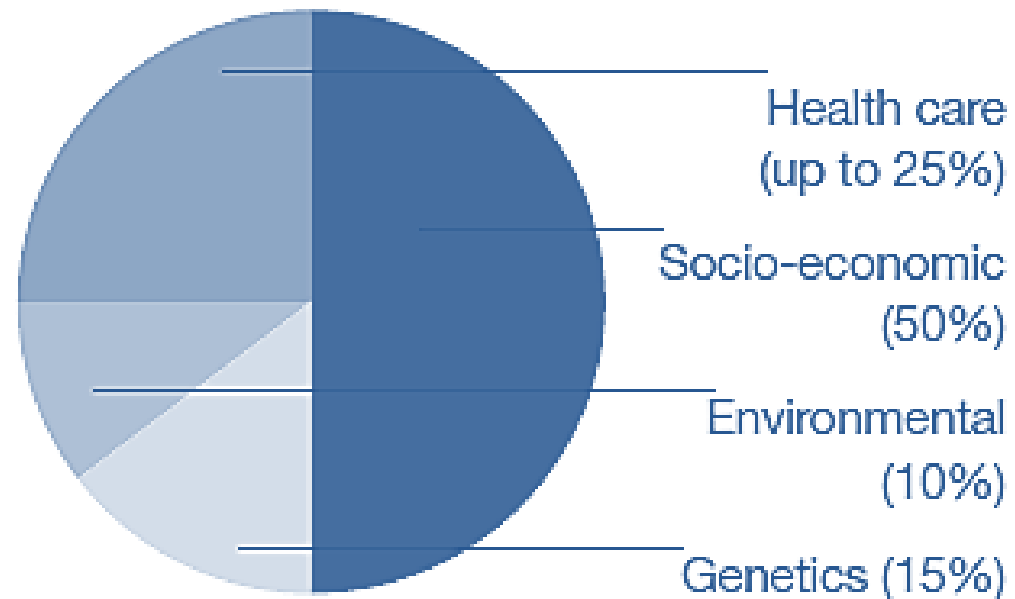
It matters for people - a significant burden of disease and suffering that is avoidable, especially among poorer Scots.

It matters for carers - for those of us who have caring responsibilities this can prevent us from working or enjoying life to the full.

It matters for future generations - their health and prospects depend upon those of their parents and the sustainability of the environment and services we leave for them.

Health care is not the main determinant of our health. Estimates of impact show that social and economic conditions determine more.

Canadian Institute of
Advanced Research (2012)



Prevention is Key

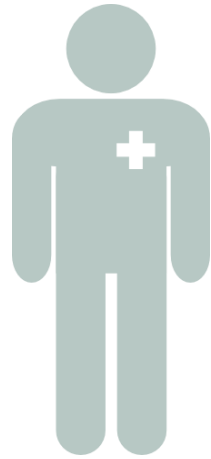
- 80% of Type 2 diabetes could be delayed or prevented
- Up to half of cancers could be prevented by change to lifestyle or behaviour
- If every women in the UK was regularly physically active, 9000 fewer would develop breast cancer each year
- Up to three-quarters of cardiovascular disease in preventable
- 80% of strokes are preventable
- Many infectious diseases are entirely preventable through low cost interventions – i.e. HIV, hepatitis C

Avoidable disease is a strain on already limited resources that could be eased.



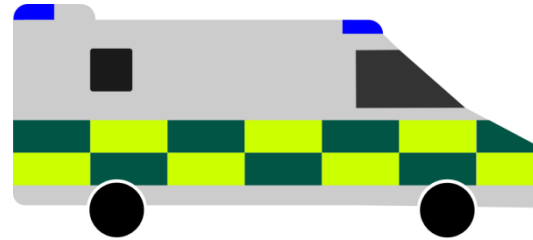
£38

GP visit



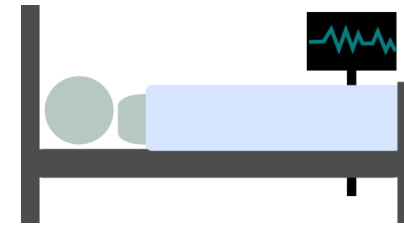
£1112

A&E attendance



£283

Ambulance journey
to hospital



£2,746

Inpatient stay in
hospital

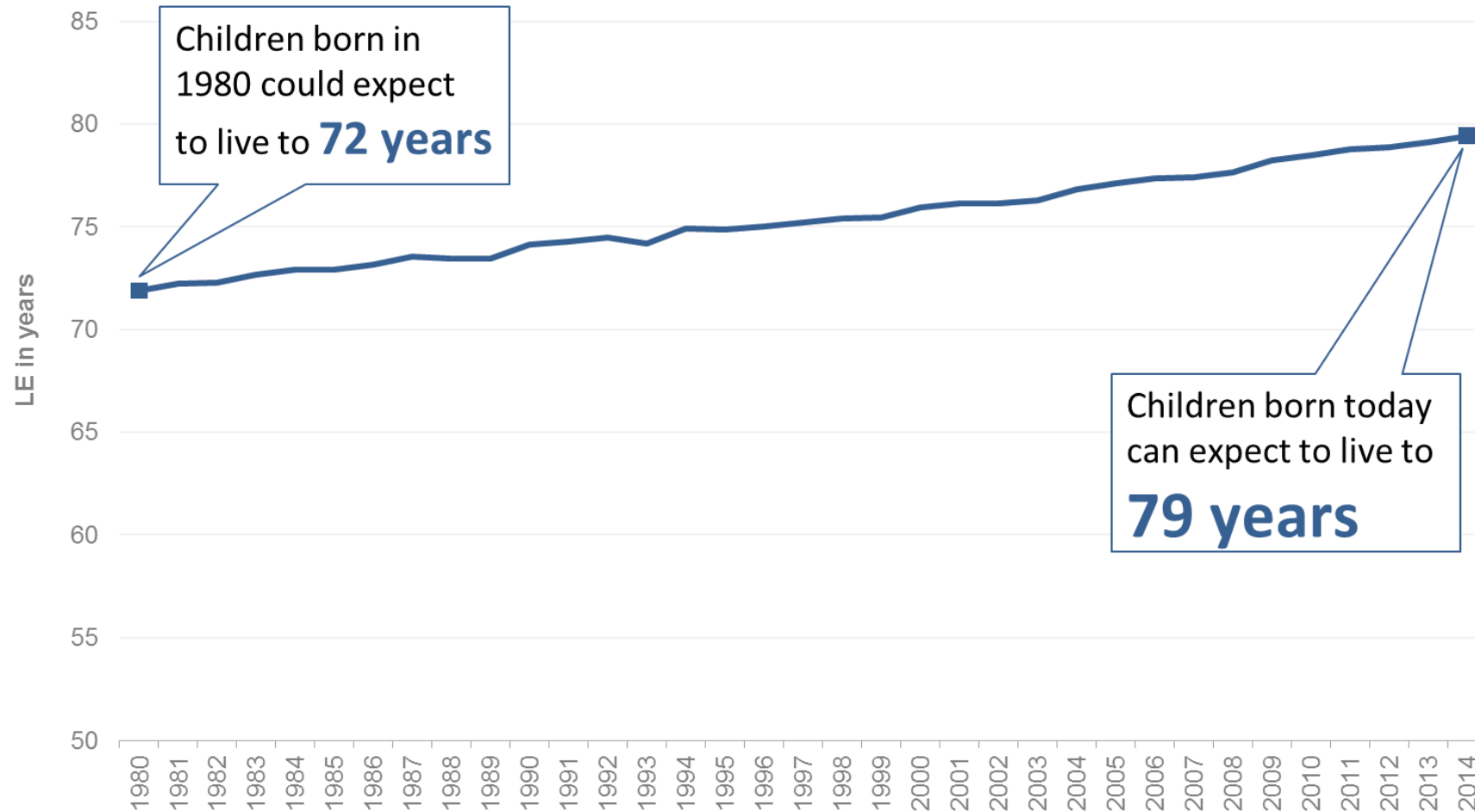
We can build on life-changing improvements over the last 50 years.

For example we have seen:

- Roll out of successful immunisation and screening
- Reductions in premature mortality from CHD, respiratory disease, stroke
- Improved cancer survival rates
- Marked reduction in tobacco use
- Recent reduction in suicide rate
- Recent reduction in risk behaviours among young people

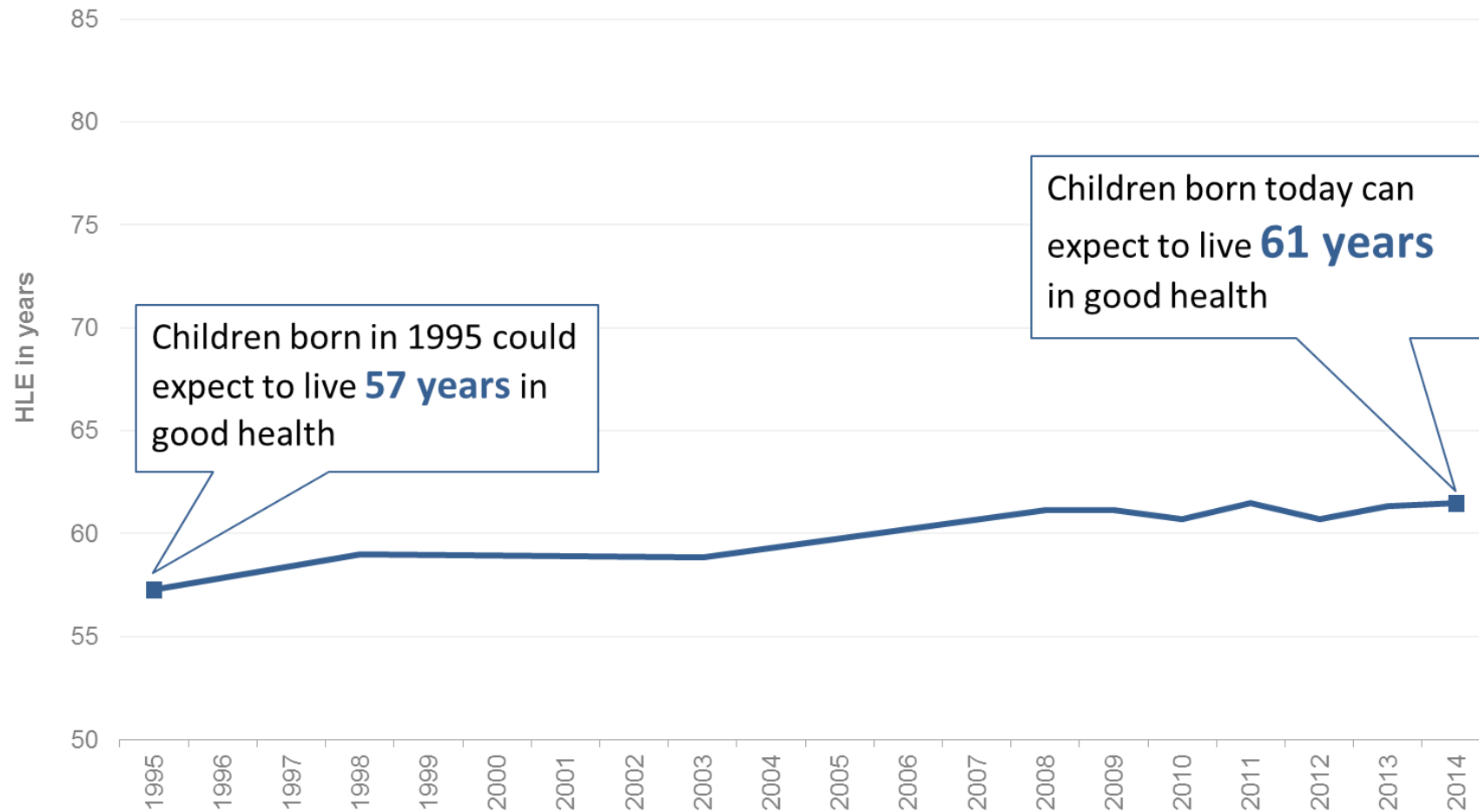
Overall our lives are longer. Children born now can expect to live 7 years longer than those born in 1980.

Life Expectancy at birth, 1980 to 2014



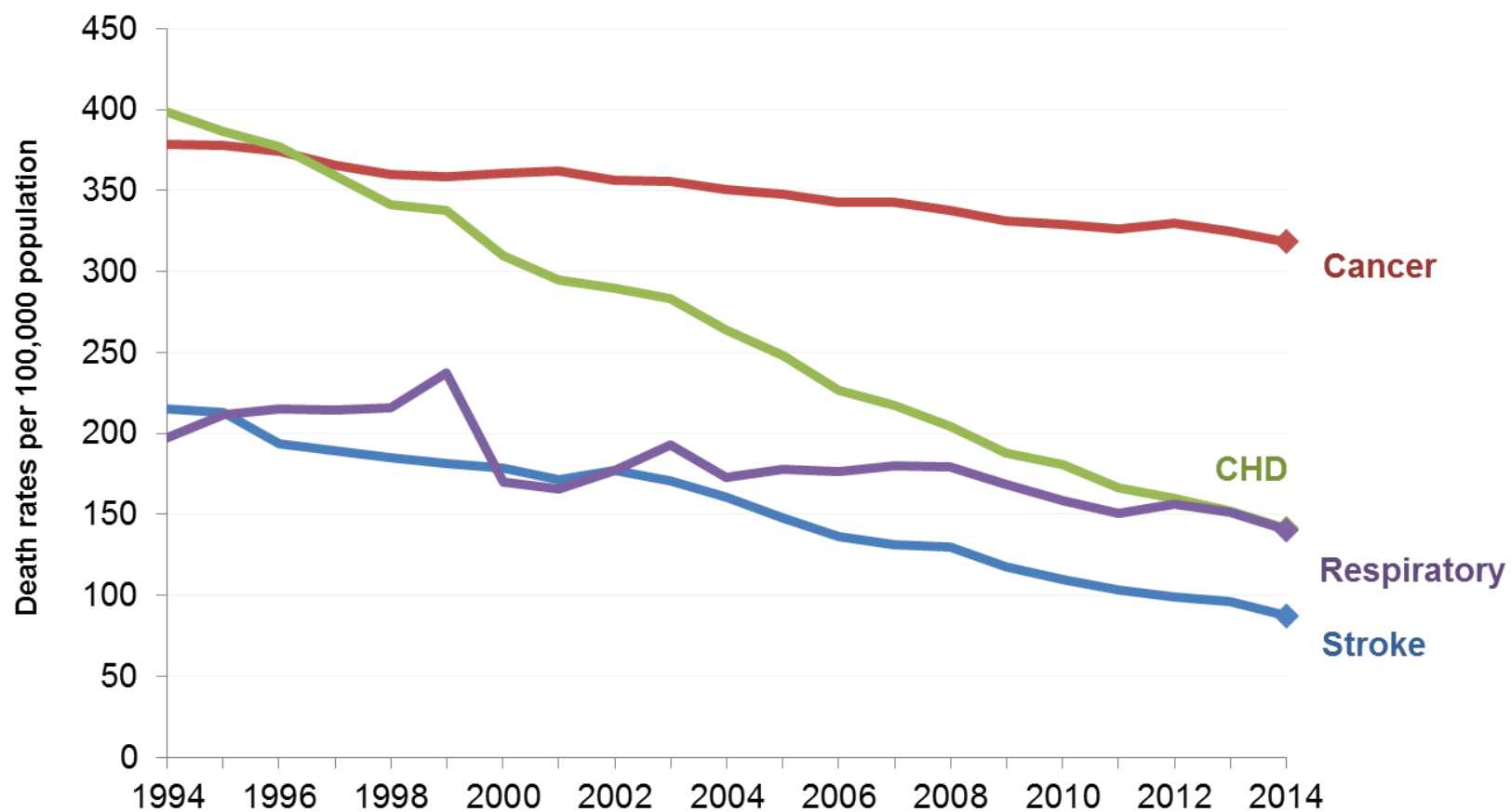
And they are healthier. Children born now can expect to live longer in good health.

Healthy Life Expectancy at birth, 1980 to 2014



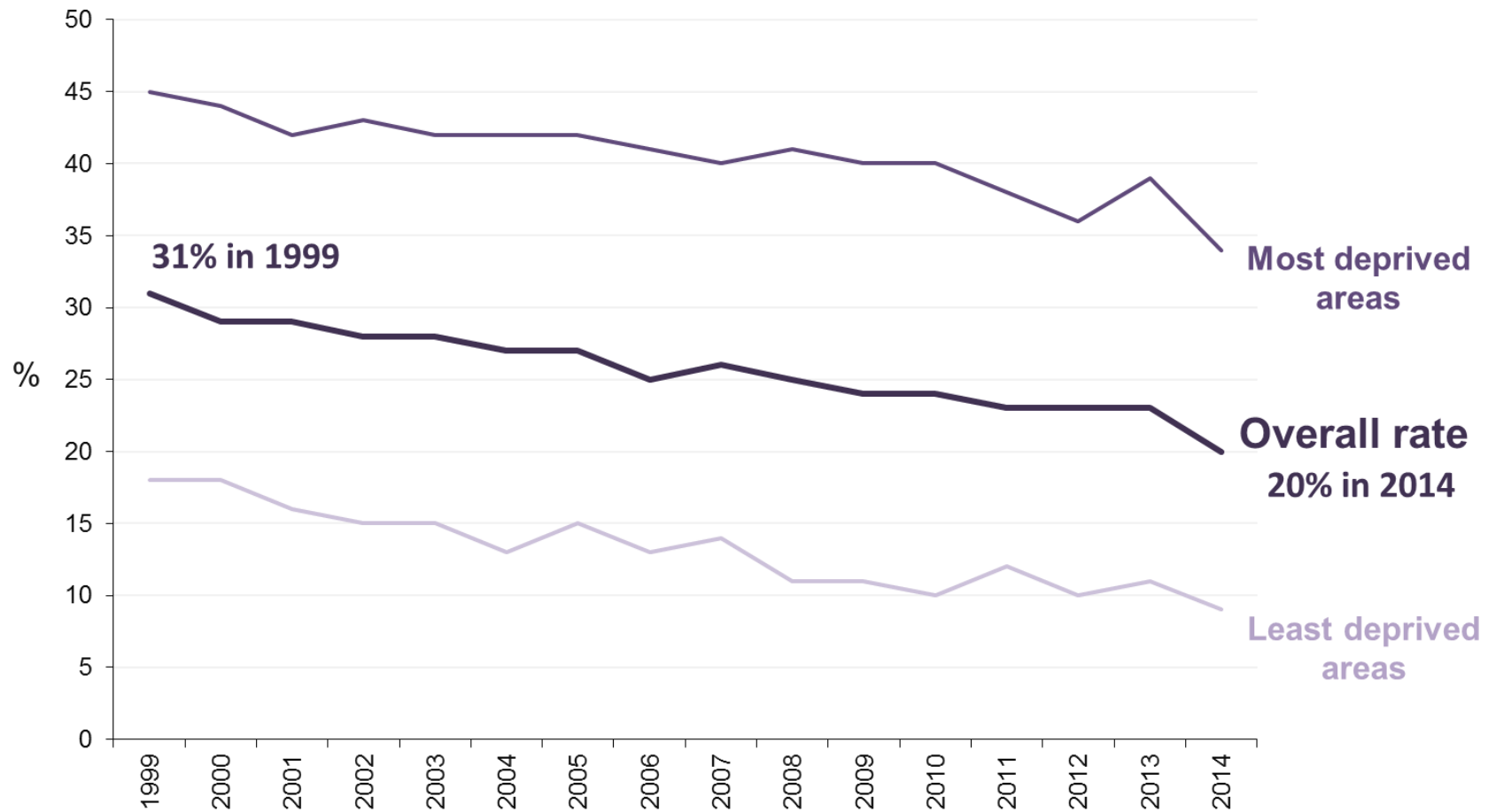
We are seeing improvements in some of the 'big killers' in Scotland

Death rates, 1994-2014



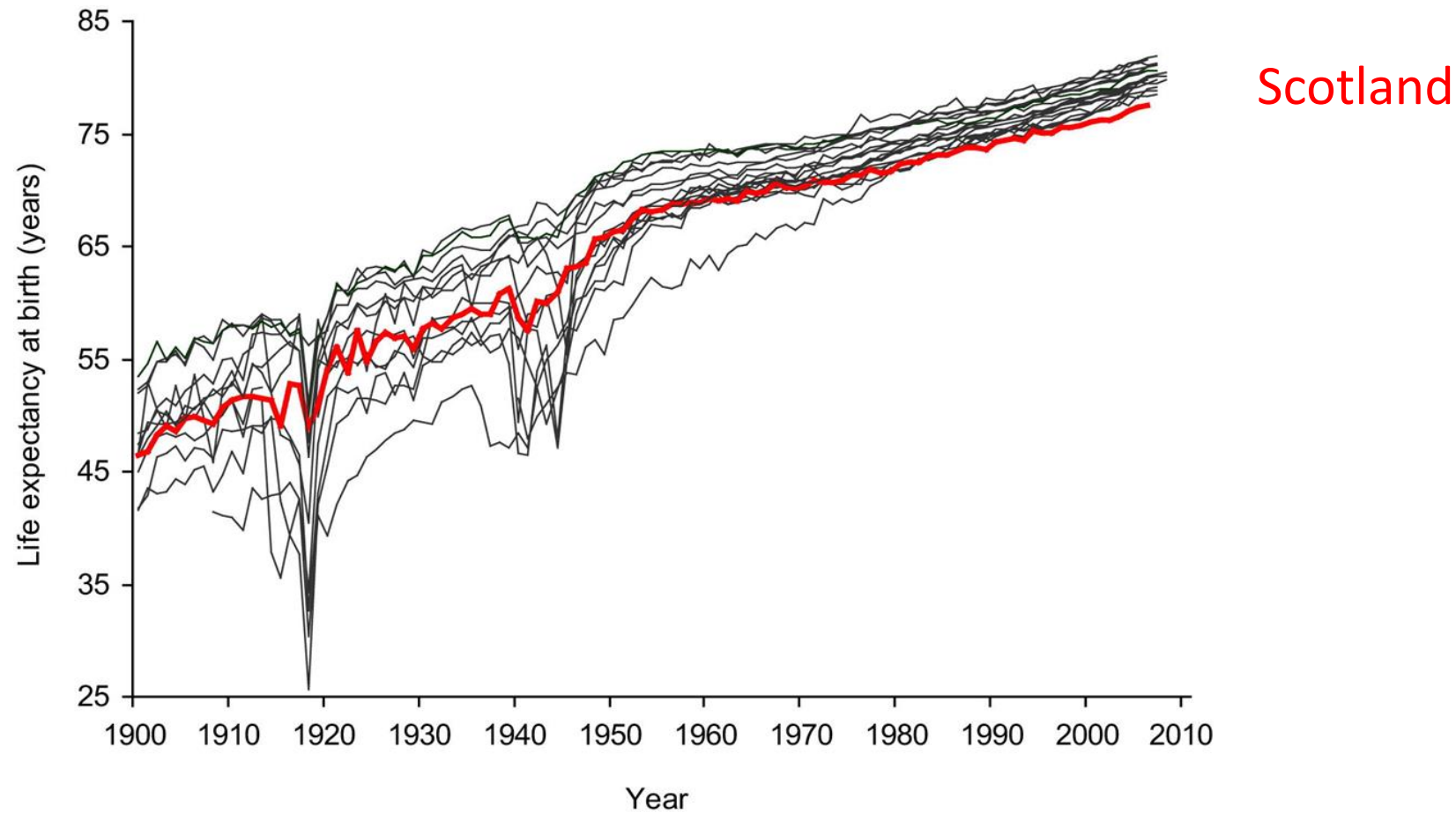
Some of these reductions are due to the steady reduction in smoking , including on our more deprived communities.

**Percentage of adults (16+ years) who are current smokers,
1999-2014**



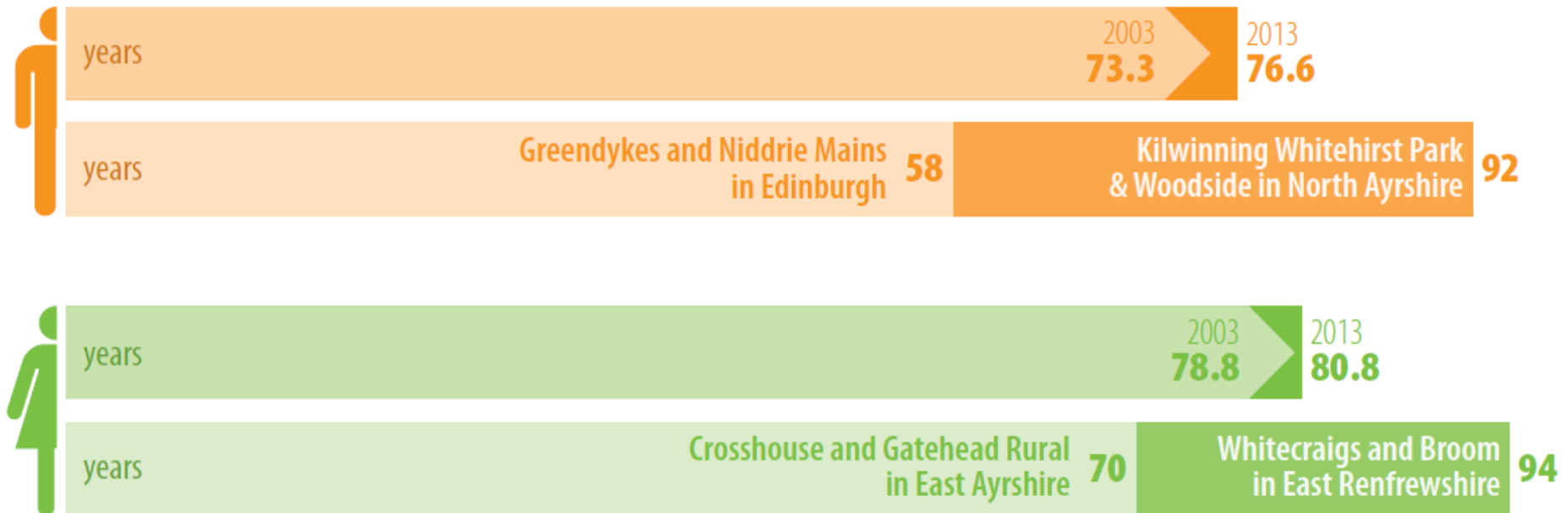
But significant challenges
remain

Life expectancy in Scotland has been lagging behind Europe since the 1950s. This is because Scotland continues to experience 'excessive' mortality, even when deprivation is accounted for.

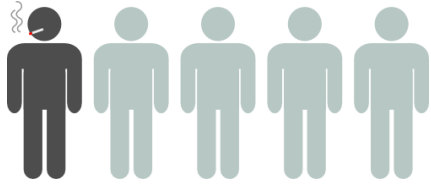


Life expectancy is increasing, but not improving equally.
The differences are particularly marked by deprivation.

Life expectancy in Scotland



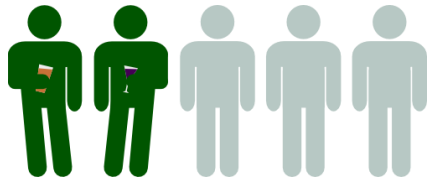
Behaviours detrimental to health remain prevalent.



1 in 5 adults are smokers



3 in 5 adults are overweight or obese



2 in 5 adults exceed guidelines on alcohol consumption

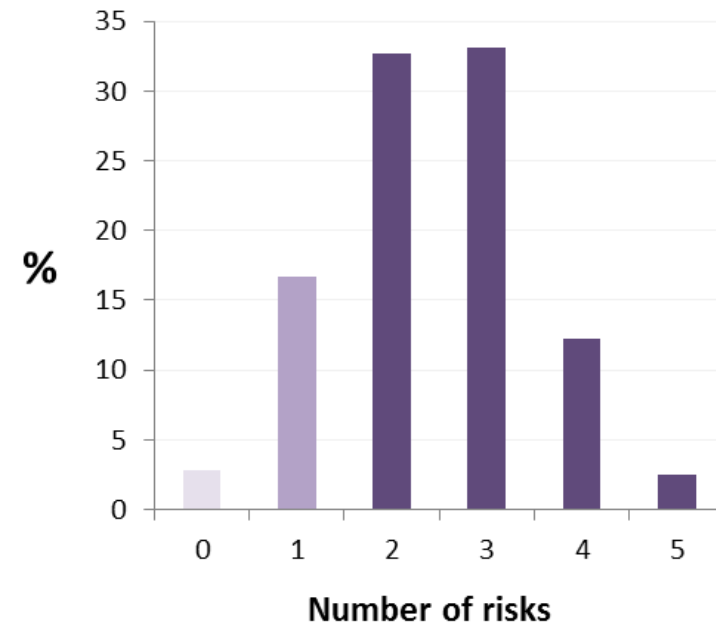


2 in 5 adults **do not** meet physical activity recommendations



4 in 5 adults **do not** meet 5-a-day fruit and vegetable recommendations

80% of adults have at least two of these risks



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Public Health must
evolve to meet these
challenges

Public Health Review: Remit

- Review Public Health functions and systems
 - 3 (very different) components, underpinned by public health intelligence:
 - Health protection
 - Population health improvement
 - Improving health services
- Examine:
 - Leadership and influence within health and wider
 - Opportunities for greater joined up working
 - Workforce planning, development, succession planning, resourcing

Public Health Review

- Review report published 11 February 2016
- From Executive Summary:

“Major 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. They cannot be addressed solely through treatment. The evidence received by the review group emphasised the cost-effectiveness of preventive approaches and a wide appetite for a more active public health effort in Scotland.”

Public Health Review: Recommendations

The Review Group's recommendations:

- a. Further work to review and rationalise organisational arrangements for public health in Scotland. This should explore greater use of national arrangements including for health protection.
- b. The development of a national public health strategy and clear priorities;
- c. Clarification and strengthening of the role of the Directors of Public Health(DsPH), individually and collectively;
- d. Supporting more coherent action and a stronger public health voice in Scotland;
- e. Achieving greater coordination of academic public health, prioritising the application of evidence to policy and practice, and responding to technological developments;
- f. An enhanced role for public health specialists within Community Planning Partnerships (CPPs) and Integrated Joint Boards (IJBs); and
- g. Planned development of the public health workforce and a structured approach to utilising the wider workforce.

Four Main Themes

- Structures
- Leadership and Visibility
- Partnerships
- Workforce

Structures

- Perception of there being a cluttered public health landscape
- The need for greater efficiencies to get maximum return on public health investment, and to take a different approach to 'once for Scotland' activities.
- More clarity on organisational roles, nationally and locally
- Better links with Local Authorities and Community Planning

Leadership and Visibility

- The need for a single, over-arching public health strategy for Scotland and clear priorities.
- The need for strengthened local and national leadership across the breadth of public health endeavour, including the role of Directors of Public Health
- Structures and organisation of public health also relevant here – the 'national' voice, and source of challenge to NHS, LAs and others.

Partnership

- Responsibility for public health needs to be shared widely across different organisations, sectors, communities and individuals.
- This will ensure we are able to address the determinants of population health, as well as particular health priorities.
- This includes NHS, Local Authorities and the third and voluntary sectors.
- Work on structures and leadership are vehicles to improvement partnership.

Workforce

- The need to respond to the challenges associated with a dispersed workforce (not just NHS) involving varied skills and professions.
- Aspiration for a robust, resilient and competent workforce of the future.
- The need to ensure new talent can be attracted to the field of public health.
- Genuine training and development, and progression opportunities.

Next Steps

Ministerial Foreword:

"The recommendations within this report provide clarity on the steps we need to take in Scotland and the next phase is to work with stakeholders to take forward implementation."

Next Steps

- Implementation will require an overarching implementation plan to ensure that all elements are taken forward as a subsequent phase of the public health review.
- Delivery of a future public health strategy will require the contribution and collaboration of many partners, recognising that responsibilities for addressing public health issues sit not only within the health sector but also with national and local governments; public, private and third sectors; and communities and individuals.

Next Steps

When?

- Good progress needs to be made in the course of 2016...
- But no significant decisions/announcements can be made until after the Scottish Parliamentary elections.
- Watch this space.

Thank You

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Grant Sugden Waverley Care

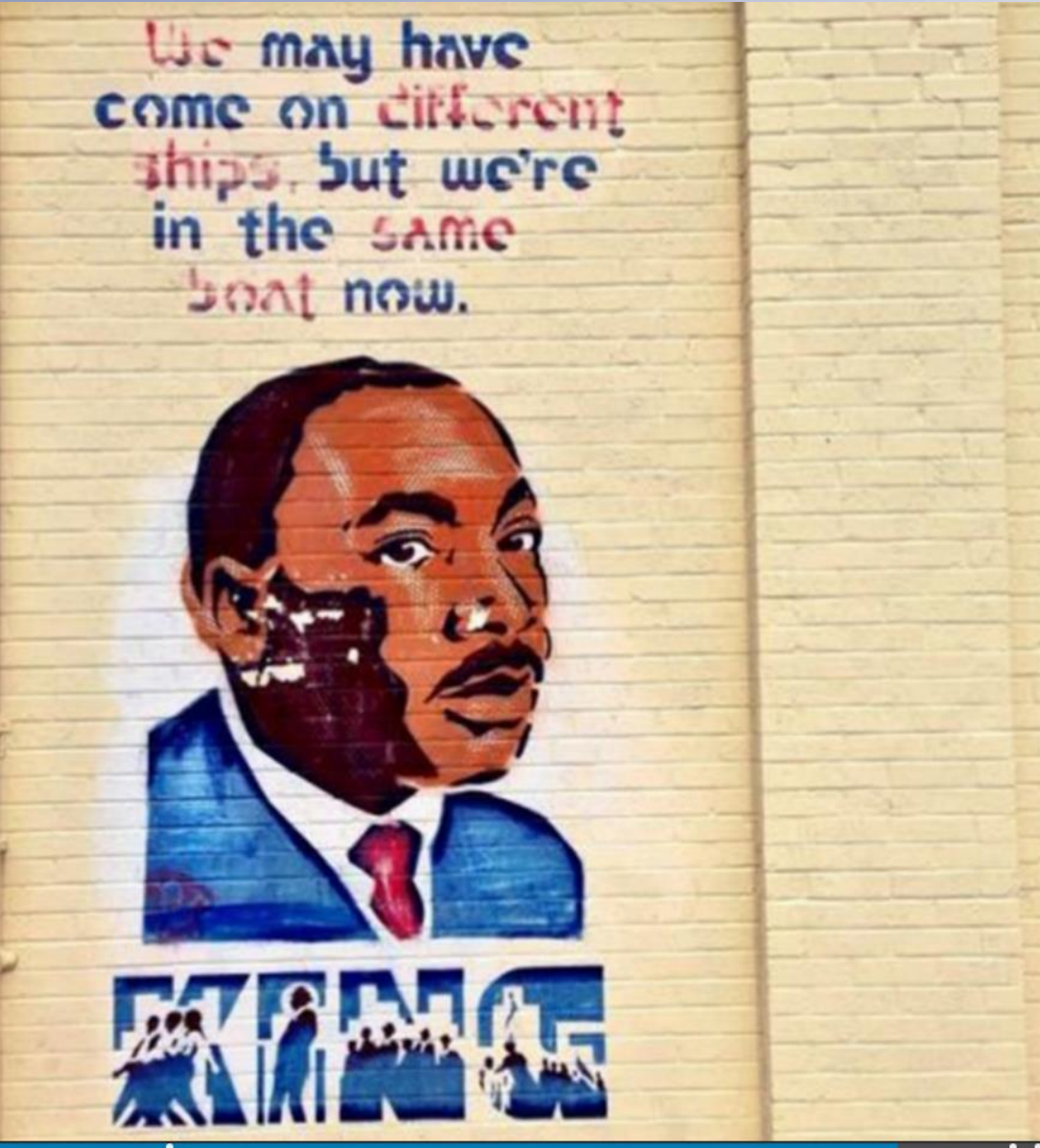
So what can we do?

- School for Health and Social Care Radicals
 - Connect
 - Influence
 - Communicate

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What actions do the Review's findings require of the third sector?

- Discuss challenges and opportunities the Review generates and capture:
 - One action for the collective third sector community
 - One commitment that your own organisation can make to this

Discussion Session:

- ❖ What one action can the collective third sector community take?
- ❖ What one commitment can your own organisation make?

THANK YOU!



We welcome new members from all sectors – join us now.

www.vhscotland.org.uk/get-involved

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