1. Goal/Outcome

The purpose of this paper is to provide an overview of the main recommendations of the above report and to identify issues for consideration by the Joint Integration Board (JIB).

2. Summary of Key Issues

- The report sets out the direction of travel for public health in Scotland.
- The report recommends that a review be undertaken of the organisational arrangements of public health in Scotland with a view to outlining what can be best achieved on a national, regional and local basis.
- The report recommends that a national public health strategy be developed that focus on priority areas such as inactivity, obesity, mental health and wellbeing and that is action focused.
- The report recognises the wider determinants of health.
- The report recognises the strength of the role of the Director of Public Health. It calls for greater involvement by the Director of Public Health (DPH) and Public Health in Community Planning and Health and Social Care Integration.
- The report recognises move to multi-disciplinary public health and the need to strengthen the multi-disciplinary public health workforce.
- The report recommends that there should be a public health workforce development strategy that recognises the role of the Third Sector and the contribution that the wider workforce can make.
- The report calls for greater co-ordination of academic public health and that priority should be placed on ensuring that public health policy and practice is underpinned by research and evidence (also that the research is focused on policy and practice).

3. Recommendations

The review, although lacking in detailed, specific recommendations, has effectively set out a vision for the delivery of public health in Scotland. A response from Scottish Government and key partners is required to ascertain the elements of the review that will be taken forward nationally. In the interim, the JIB is asked to support the recommendations made in the Review and to support the implementation of the recommendations. Specifically, the JIB is recommended to:

- support the development of a national strategy for public health
- support a national review of organisational arrangements for public health
support actions to improve and strengthen leadership in Public Health and which reflect the strength of multi-disciplinary public health
• support the greater involvement of the DPH and Public Health in the Health and Social care North Lanarkshire
• oversee the development of a public health workforce development strategy in North Lanarkshire that responds to the challenges set out in the Review
• take the necessary action to become an exemplar Public Health Organisation as detailed in the report’

4. Background and Context

Scottish Ministers in November 2014 announced that they had asked for a review of Public Health in Scotland and that they had established a Review Group to take this forward. The full terms of reference for the group is detailed in Annex A of the actual Report however the key elements focused on:

• Examining public health leadership and influence both within the NHS and more widely, and to recommend how these could be developed to deliver maximum impact.
• How public health featured in community planning and health and social integration, and how potential partnership opportunities could be used to maximise the successful implementation of public health measures.
• 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.
• Involving partnership with those who contribute to the health of current and future populations.

The report recognised that new population-based approaches are now needed, giving rise to what is termed the ‘fifth wave of public health’.
This is characterised by:
• Government that enables action and greater interdependence and co-operation across sectors and geographies
• The involvement of the public more individually and personally in improving their own health.

Essentially, this new approach looks to create a culture where healthy behaviours are the norm supported by physical, social and economic environment. In other words we need to create the infrastructure by addressing the socio-economic and wider determinants of health and create a culture or ethos that encourages people to pro-actively look after their health.

5. Key Issues

The Report has broken its recommendations into key sections:

Organisational Arrangements

The Report recommends that the current organisational arrangements for Public Health in Scotland should be reviewed and may need to be rationalised. Issues to be addressed include:

• The greater use of the national arrangement for issues such as health protection and public health intelligence.
• More collaboration between Boards at regional level.
• Identifying activity that should clearly remain at local level.
How the three levels; - national, regional and local should connect.

The Report recommends that the NHS Scotland Shared Services Programme, which has identified Public Health Services for review, should underpin the development and delivery of the overarching review of organisational arrangements for public health in Scotland.

The Report also recommends that the Health Protection Oversight Group, the Scottish Government Oversight Group and the Scottish Government should build upon the creation of the Health Protection Network to ensure effective leadership and co-ordination for health protection in Scotland.

The review also recommends that all public bodies, specifically Health Boards and Local Authorities should become more overtly exemplar Public Health Organisations (this requires organisations to proactively address public health through issues such as considering the impact upon public health when making financial savings decisions, utilising purchasing power to promote the local economy etc.).

**Strategy for Public Health**

The Report recommends the development of a national strategy for public health. It should include:
- Focus on identified public health priorities including inactivity, diet and nutrition, obesity, mental well being.
- Focus on action.
- Demonstrate accountability and measurement of progress against outcomes.

The strategy should reflect the wider determinants of health and involve all sectors.

**Leadership**

The report recognised the strength of the role of the Director of Public Health (DPH). It calls for greater involvement by the DPH and Public Health in Community Planning and Health and Social Care Integration. It recognises the role non-medical public health specialist have to play. The report recommends that the role and contribution of the Directors of Public Health should be clarified and strengthened. This will require:

- Clarity about expectations and accountability in the light of new organisational landscape and the move to multi-disciplinary public health.
- The development of a more effective national leadership group with real impact at national level.
- Co-ordinated recruitment and development for a new cohort of leaders to fill vacancies and ensure succession planning.
- The new Public Health Strategy is used to generate a stronger public health voice and more coherent action at all levels.

**Public Health Intelligence and evidence into action**

The following recommendations were made:

- Achieve greater co-ordination of academic public health.
- Priority should be placed on ensuring that public health policy and practice is underpinned by research and evidence (also that the research is focused on policy and practice).
- The development of a public health data and technology strategy.

**Partnership**
Public Health Consultants and other core Public Health Staff should be highly visible and play a strategic influencing role in CPP’s and HSCP’s. Recommendations include:

- Public Health, as a discipline, needs to be represented and contribute effectively to work of senior CPP and JIB groups.
- The Director of Public Health report will continue to provide independent advocacy and a voice for public health actions. The report will reflect the priorities for action set by CPPs, JIBs, Health Boards and Local Authorities.

The report dedicates a full section describing the public health contribution needed by Local Authorities, JIBs and CPPs. It also seeks to consolidate the public health contribution made by the Third Sector

**Workforce**

The report recommends that there should be a public health workforce development strategy that should include:

- A workforce vision that supports the delivery of the public health strategy supports multi-disciplinary public health and recognises the role of local government, Third Sector and the wider public service workplace in delivery of public health outcomes.
- A workforce development plan covering issues such as post specialist development, talent management and preparing staff for future roles.
- Workforce planning including workforce deployment, career pathways and succession planning.
- Commitment to consult on the issue of Public Health Practitioner registration.
- Training across all domains of public health.
- A structured approach to supporting the efforts of the wider workforce e.g. training for frontline nursing and social work staff so that they can maximise opportunities.

6. **Conclusions and Recommendations:**

**Organisational Arrangements:**

The review group have recommended that a further review of the organisational arrangements for public health be undertaken. If this is enacted, then it should clarify the focus for key public health domains such as health protection and health intelligence. The timeline for this is not detailed however once complete this further review should provide clarity on the national, regional and local delivery of public health. It is recommended that the JIB supports this recommendation and makes a request to Scottish Government for this to be completed quickly in order that the organisational arrangements for public health can support Health and Social Care Partnership delivery.

The review challenges all public bodies, particularly Health Boards and Local Authorities to become Public Health Organisations and to maximise the impact upon the health of the population in all its activities. It is recommended that the JIB takes necessary action to become an exemplar Public Health Organisation.

**Strategy for Public Health**

This is warmly welcomed as we need a whole system approach to address issues such as obesity and mental wellbeing. This should provide a framework for action and detail what is required of national and local governments, health services, the Third Sector, communities and individuals. Scotland’s work on tobacco is widely regarded internationally as a good example of integrated action. This involved the Scottish Government passing legislation to control smoking in public places, providing local authorities with additional resource to enforce the legislation and providing Health Boards with
the resource to provide smoking cessation services and prevention programmes, targeted to areas of deprivation. Such joined up approaches, which take cognisance of the wider determinants of health, are needed to improve population health and wellbeing and reduce health inequalities.

It is recommended that the JIB supports the development of a national strategy for public health.

**Leadership and Partnership**

It is welcomed that the role of the Director of Public Health is recognised. This should lead to greater involvement of the DPH and the public health workforce, including non-medical public health specialists, in Health and Social care integration. Partnership will be crucial to the success of the integration of health and social care and the recognition of the role of the Third Sector is welcomed. It is also crucial to note that, to be successful, we need to work with communities to create the conditions to enable individuals to take greater control of their own health. This will require working across the CPPS to improve wider social and environmental factors which negatively impact on health behaviour and also making better use of the assets available within communities.

It is recommended that the JIB supports actions to improve and strengthen leadership in Public Health and which reflect the strength of multi-disciplinary public health.

**Workforce**

The development of the Public Health Workforce and the development of the public health capacity and capabilities of the wider workforce will be critical to the success of the JIB. The consultation on the need for the registration of practitioners is welcomed as it will provide direction for staff. We are currently engaged in the United Kingdom Public Health Practitioner pilot registration programme which is providing opportunities for practitioners to be registered. This provides the HSCP with the ability to respond quickly if registration becomes compulsory. NHSL currently has three UKPHR registered Public Health Specialists and a further three engaged in the process.

The need to develop the public health capacity of the wider workforce is reflected in the requirements set out in the Health Promoting Health Service CMO letter 19 (2015) and JIBs are required to reflect the Health Promoting Health Service principles in local plans. We need to build upon areas of good practice such as the brief intervention work surrounding alcohol; smoking and gender based violence and further develop capacity around areas such as financial insecurity and physical activity. It is important that JIB prioritises the development of staff to support early intervention and prevention.

There is also the need to address succession planning in public health and a succession plan should be produced.

To fulfil the ambitions of the Review, it is recommended that the JIB oversees the development of a public health workforce development strategy and plan that responds to the challenges set out in the Review.

**6. Implications**

Many of the recommendations of the report have to be accepted and actioned by the Scottish Government. If accepted, the JIB will have to respond accordingly.

There are elements that the JIB can directly control, for example workforce development and these should be enacted.

If all the recommendations are implemented then there could be significant public health gains.
7. National Outcomes:

Contribution to the following national outcomes:

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People using health and social care services are safe from harm
  People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

8. Associated Measures

9. Financial

It is not possible articulate the costs associated with the review however, in all likelihood there will need to be investment in prevention with a long term view of saving resources.

10. People

The DPH has a key role to play in achieving the aims of this review.

The delivery of multidisciplinary public health will require investment in staff. For example, staff will need to be supported to achieve registration if it is mandated.

The report highlighted issues such as equity in the world of multi-disciplinary public health workforce and the JIB will have to ensure equality of opportunity.

It is important that the all public health staff (both Public Department and Health Promotion/Health Improvement staff) are involved in the development of the response to the Review.

11. Inequalities

The review has inequalities at its heart and recommendations have been made to support action to address inequalities.

12. Background Papers


![Signature]

Chief Accountable Officer
Health & Social Care North Lanarkshire