



# Item No: 10

Meeting Date: Wednesday 28<sup>th</sup> November 2018

## Glasgow City Integration Joint Board Public Engagement Committee

**Report By:** Susanne Millar, Chief Officer Strategy and Operations /  
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**TURNING THE TIDE THROUGH PREVENTION:  
THE PUBLIC HEALTH STRATEGY FOR GREATER GLASGOW & CLYDE NHS BOARD**

**Purpose of Report:**

To inform members of the new GGC NHS Board public health strategy and seek the views of members on the strategy as part of the engagement process. This report also seeks to set the strategy in a national and HSCP context.

**Background/Engagement:**

GGC NHS Board established a standing committee on Public Health in 2017. The committee shares some membership with Glasgow's IJB. The health board's corporate objectives include the development of a Public Health Strategy. The attached strategy has been developed through the direction of the standing committee and dialogue with partnership and other staff. The strategy is in keeping with the national public health review processes and recently approved suite of national public health priorities.

**Recommendations:**

The IJB Public Engagement Committee is asked to:

- a) provide feedback on the GGC NHS Board Public Health Strategy;
- b) note the collaborative approach with HSCP's being adopted within the strategy;
- c) advise on changes to the health improvement priorities of the HSCP in light of the strategy; and
- d) consider future reporting on progress.

## Relevance to Integration Joint Board Strategic Plan:

Improving health is a core objective of the Joint Board Strategic Plan

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Relates to Outcome 1
<b>Personnel:</b>	Various
<b>Carers:</b>	N/A
<b>Provider Organisations:</b>	Partners in progress
<b>Equalities:</b>	<p>The delivery of the GGC NHS Board strategy will recognise the impact of discrimination on health and act to mitigate this. An EQIA has been recommended.</p> <p>An EQIA was completed for the health improvement strategy for Glasgow HSCP and equalities monitoring and sensitive practice is embedded within the strategic developments of the city's health improvement team.</p>
<b>Financial:</b>	Within existing budgetary commitments
<b>Legal:</b>	N/A
<b>Economic Impact:</b>	N/A
<b>Sustainability:</b>	N/A
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	Failure to progress will retain the increasing demand on health and social care services
<b>Implications for Glasgow City Council:</b>	As a public health partner
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	As determined by GGC NHS Board

## 1. Background

1.1 The national Health and Social Care Delivery Plan, published in December 2016, committed the Scottish Government to a range of public health actions, inclusive of

- establishing a new national public health body 'Public Health Scotland' and
- developing shared public health priorities for Scotland

1.2 The shared public health priorities were established through a substantial regional engagement process alongside analytical assessments of the factors with the greatest potential to improve health and reduce inequalities over the next 10 years. The six key priorities for Scotland were ratified by the Scottish Government and COSLA in June 2018.

A Scotland where

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

1.3 A Public Health Review Oversight Board and a Programme Board have been established to progress both the new public health body and governance for delivery on the priorities. A series of eight commissions have now commenced to articulate the whole system leadership and working required in Scotland to deliver on the established priorities.

1.4 In alignment with the national review processes and the ambition for a stronger 'whole system' approach to public health GGC NHS Board has established a 'regional' public health strategy in keeping with national and more local public health need. 'Turning the Tide through Prevention' is the first whole system Public Health Strategy within NHS GGC recognising the importance of both clear public health priorities and the approaches required to address these.

1.5 The GGC NHS Board standing committee on Public Health, which shares members with IJB's, has overseen the development of the strategy and the dialogue with a range of key stakeholders including; Public health staff, Health and Social Care Partnerships; Community Planning Partnerships; the Local Medical Committee as well as specific inter-agency planning groups such as Area and Drug Partnerships etc.

## 2. GGC NHS Public Health Strategic Summary

- 2.1 The Public Health Strategy 'Turning the Tide Through Prevention' sets the strategic direction for public health in Greater Glasgow and Clyde, incorporating HSCPs (for their delegated public health functions) and in stimulating wider partners to extend the action they take to improve public health outcomes through collaboration.
- 2.2 The aim of the strategy is that NHS Greater Glasgow and Clyde (GGC) ***“becomes an exemplar public health system which means there would be a clear and effective focus on the prevention of ill-health and on the improvement of well-being in order to increase the healthy life expectancy of the whole population and to reduce health inequalities”***
- 2.3 The strategic objectives of the strategy are to:
- Reduce the burden of disease through health improvement programmes and a measureable shift to prevention
  - Reduce health inequalities through advocacy and community planning
  - Ensure the best start for children with a focus on early years to prevent ill-health in later life
  - Promote good mental health and wellbeing at all ages
  - Use data better to inform service planning and public health interventions
  - Strengthen the Board and the Scottish Government's ability to be Public Health Leaders
- 2.4 The approach to delivering these objectives is considered as important as the detailed action plans and the key messages include:
- Our outcomes will only be achieved by working in partnership
  - We will be more effective if we align priorities across sectors and geographies
  - The public health contribution to partnerships includes evidence, advocacy for health in all policies, knowledge of the causes of good/poor health; public engagement
  - NHSGGC should become a public health organisation in order to deploy its own functions differently to help reduce health inequalities (as a procurer, advocate, service provider, employer)
  - This needs to impact on all citizens and communities through sharing power and information, making a difference to the whole life course: the places people live and work and the services they access and ensuring equity and human rights underpin public health approaches
- 2.5 There has been some engagement with HSCPs, CPPs, ADPs, clinicians and other stakeholders who have been supportive of the benefits of this approach. The strategy is evolving and will be further developed in joint working with community planning partnerships and in response to the development of national public health priorities and the national public health review. A schedule of engagement with key partners will be drawn up via the Heads of Service / Health Improvement Managers within each local area over the next few months.

The strategy is intended to inform future iterations of Local Outcome Improvement Plans and HSCP strategic plans as these are refreshed for 2019.

### **3. Implications for Glasgow IJB**

- 3.1 The health improvement duties of public health are embedded within the cities integration authority and the improvement of health and prevention of harm and illness is a core objective within the HSCP Strategic Plan.
- 3.2 GGC NHS Board are taking an incremental approach to engagement with the initial phase already underway with joint papers and presentations scheduled to Integrated Joint Boards; Community Planning Partnerships; Local Authorities and NHS whole system planning groups across GGC in the coming months. A dynamic vehicle to support engagement with third sector; communities and potentially individuals is currently being scoped. This would take the form of a web-based forum which:
  - presents accessible analysis of key public health issues (info graphics);
  - recognises existing good practice and case studies in local areas;
  - reflects existing local and lived experience on key issues;
  - creates the opportunity to stimulate debate and engagement on key themes contained within the wider Public Health Strategy.

This approach will be piloted to explore engagement in relation to the local priorities of mental health-specifically loneliness; physical activity and child poverty initially.

- 3.3 Within Glasgow HSCP Health Improvement and prevention are embedded within a number of the strategies driving activity – the Cities Children’s Plan, the 5 year Mental Health Strategy and the Primary Care Strategy as well as there being a specific strategy for the specialist health improvement workforce. The strategic map for health improvement has been refreshed as part of the planning for the next HSCP Strategic Plan due to be published in April 2019.
- 3.4 The HSCP health improvement priorities (shown below) are in keeping with both the health board and the national priorities and the strategic focus for the health improvement workforce mirrors these priorities very closely, enabling the HSCP to contribute and report on progress regionally and nationally. The focus of both the board regional and national priorities on a healthy start, mental health, an inclusive economy and equality (including tackling poverty) as well as alcohol, tobacco and drugs mirrors the cities priorities. The refresh of the Health Improvement strategic priorities has incorporated physical activity discretely from weight management in recognition of the role of physical activity on overall well-being, particularly mental health.
- 3.5 Any divergence with the regional and national priorities rests in the extent to which services provide universal prevention programmes or targeted e.g. the focused work in the 10 thriving places rather than all the neighbourhoods experiencing significant inequalities in the city.

**Long Term Outcomes**

More years in good health, and longer lives, for men and women in Glasgow, with fewer differences between neighbourhoods and groups

**Medium Term**

Improved mental wellbeing and resilience

Improved health in neighbourhoods and groups

Reduced poverty and raised aspirations

Reduced exposure and use of tobacco

Rebalanced relationship with alcohol and reduced drug use

More people being a healthy weight and active

**Key Objectives**

- Contribute to implementing GIRFEC with a focus on reducing impact of adverse events in early childhood (ACES)
- implement child and youth mental well-being framework
- implement adult mental well being framework
- develop an early years mental health framework to optimise resilience

- support area regeneration
- develop community assets for health
- build capacity of other organisations
- place based influence on HSCP
- support co-production and inclusive community approaches
- Implement the Youth Health and Well-being Framework
- Targeted interventions with equalities groups

- challenge the stigma of poverty
- contribute to mitigating child poverty
- use the Fairer Scotland Duty to 'poverty proof' prevention strategies
- support access to financial advice and employability
- mitigate welfare reform
- Challenge and advocate for system changes that reduce poverty

- protection programmes to reduce uptake of tobacco
- protection programmes to reduce exposure to tobacco smoke
- promote and support smoking cessation
- foster a tobacco free culture

- provide leadership and enable the prevention components of the cities Alcohol and Drug Partnership (ADP) Strategy
- deliver prevention and cultural change programmes
- external harm reduction programmes including alcohol brief interventions
- contribute to programmes to protect the public in terms of alcohol availability
- contribute to community recovery

- promote breastfeeding and healthy early years
- extend programmes to be more active more often
- support access to affordable and nutritious food
- promote healthy weight interventions
- promote healthy cooking skills
- promote healthy environments for food and activity

By fostering collaborative processes for change through partnerships; informing through public health intelligence and involving those most affected, to generate innovative delivery mechanisms for prevention across and beyond the HSCP. .

## **4. Recommendations**

4.1 The IJB Public Engagement Committee is asked to:

- a) provide feedback on the GGC NHS Board Public Health Strategy;
- b) note the collaborative approach with HSCP's being adopted within the strategy;
- c) advise on changes to the health improvement priorities of the HSCP in light of the strategy; and
- d) consider future reporting on progress.

# Turning the tide through prevention

## Public Health Strategy

2018-2028



## Preface to the Public Health Strategy by the Director of Public Health

This strategy is a first for NHS Greater Glasgow and Clyde. We have many plans, many strategies but we have not previously had one dedicated to the whole of public health. It is also a strategy like no other as it concentrates on how we will work to improve public health as well as describing actions to be taken. The strategy represents the commitment of the NHS Board to prioritise public health by bringing prevention to the fore of its agenda.

We must ensure a great deal more attention is paid to prevention and that there is greater support for clinical leadership of health promoting health services, commitment from senior directors to community planning and shifts of resources to prevention, early intervention and self-care.

The determinants of health are well documented and many of them lie outside the direct influence of the NHS, such as relieving poverty, improving housing or education. A crucial element of the strategy is the effectiveness of our influence on these factors through community planning partnerships and the way we work with Scottish and UK governments and the people who use our services. The NHS can also affect the social determinants of health through the design and delivery of services and has a role in directly delivering health improvement programmes. The evidence for the cost-effectiveness of many lifestyle changes e.g. stopping smoking, losing weight or being more physically active is strong. They can all reduce use of the NHS and other public services as well as prolonging healthy life. However it can be challenging to encourage people to adopt healthy lifestyles without first improving the circumstances in which they live and work, changing environments to support healthy choices and supporting people in decisions about their health.

This strategy provides a spring board to discussions between the Board and Integration Joint Boards (IJBs), with local authorities and community planning partnerships and with Government on activities to improve health in a way that reduces health inequalities in Greater Glasgow & Clyde.

The strategy is expected to inform community plans and Health & Social Care Partnership's strategic plans and we look forward to working with partners to develop implementation plans. The strategy will evolve as we engage with our partners and communities going forward.

This strategy has been developed at the same time as engagement on the new national Public Health Priorities and the national Public Health Reform Programme. Public Health Reform recognises the shared responsibility of all sectors to address the public health challenges within Scotland; by focusing our collective efforts within Greater Glasgow and Clyde, this strategy aligns our approach and priorities. There are also important opportunities to work with the national programme to achieve the greatest impact.

**Linda de Caestecker**

Director of Public Health

## Introduction

The NHS has a vital role in keeping people healthy and supporting them when they become ill. However, whilst early intervention and self-care can keep people healthier for longer, addressing the wider determinants of health will provide the greatest opportunity to improve health and wellbeing for our population. According to the King's Fund, the factors that impact most on people's health are beyond health services. They are associated with income, social class, education or deprivation. This is illustrated in the chart below from the Canadian Institute of Advanced Research (Figure 1). This means that collaborative working is essential to address the underlying causes of ill-health.

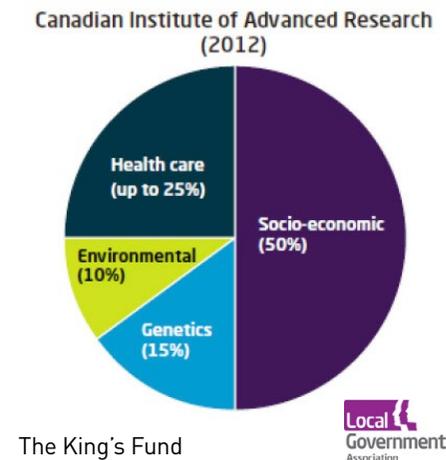
Investment to predict and prevent risks to health can reduce the burden on the NHS and society, support resilient communities and increase healthy years lived. Through discussions at the Board's Standing Committee on Public Health, Health and Social Care Partnerships (HSCPs) and Community Planning Partners, collaboration, coordination and new ways of working have been emphasised as the most important elements of a public health strategy. This means developing common goals for public health programmes and defining how these goals will be measured and delivered.

Improving health also means developing targeted approaches to tackle health inequalities and achieve health equity such as removing barriers to access and delivering services which take account of the social context of people's lives. This strategy sets out NHS Greater Glasgow and Clyde's (NHSGGC) aspiration

to deliver a coordinated approach to achieving our public health ambitions over the next 10 years. It forms the basis for collaboration and partnership working in line with regional and national priorities by setting out 6 priority programmes and our approach to public health going forward.

Figure 1: Estimated impact of detriments on health status of the population

(Source: Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002)



## Context

Public Health is truly everyone's business. Every health professional has a role in improving the public's health, in early intervention and in promoting preventive approaches. Many agencies and organisations affect health through their influence on wider factors such as housing, transport, education, equality and social support. NHS Greater Glasgow and Clyde's Public Health Directorate acts to improve the health and well-being of populations through intelligence led preventative action on a range of population health determinants. Health Improvement Teams in HSCPs work with Community Planning partners, local communities and many different services and professionals to improve the health of the population of their area. The Glasgow Centre for Population Health (GCPH) works with a range of national and local stakeholders to undertake research, stimulate fresh approaches and support change processes to improve health and tackle inequalities.

The determinants of health mean that public health works across social, legislative, community and individual change programmes. There are 3 domains of public health with health intelligence being a common thread amongst them.

- **Health Protection;** investigating health problems and environmental health hazards, enabling health protection systems e.g. health management of hazard exposure through to effective immunisation systems for contagions and disease control
- **Health Improvement;** assessing and tracking the health status of populations and devising and applying strategies to improve the health circumstances in which populations live, with particular regard to reducing health inequalities
- **Improving Health Services;** ensuring evidence-based and best value through public health analysis, investigation and comparisons. This includes action to support earliest diagnosis to achieve the best treatment outcomes e.g. screening systems

Demand for services is a key mechanism that drives health care system behaviour. Public Health and prevention is not driven in this way but by a comprehensive assessment of population need and the ability to change risk.

**A World Health Organisation Europe (WHO, 2014) report estimated that only 3% (range 0.6 – 8.2%) of national health sector budgets was spent on public health and that those countries that invested more experienced better health outcomes. Within NHS GGC the investment in 2016 was approximately £26m which equates to 1.15% of the NHS budget.**

## Public Health challenges in Greater Glasgow and Clyde

The population of Greater Glasgow & Clyde currently stands at just over a million people, representing one fifth of the total Scottish population. Over the next 25 years, this population is predicted to increase by 4%, with the over 65 years of age population increasing by 16%.

Life expectancy varies across the Board from 73.4 years in Glasgow City to 80.5 years in East Dunbartonshire, a difference of 7.1 years. This is explained by life circumstances, chiefly socio-economic factors which impact across the life-course, starting in the antenatal period and influencing education, employment, health behaviours and patterns of healthcare use. Healthy life expectancy in NHSGGC, that is years of life an individual lives without any life-limiting illness, is also lower than the rest of Scotland, again with significant variations between men and women and linked to socio-economic deprivation.

Unhealthy behaviours are common across all communities in NHSGGC. However, poverty increases the higher risk of illness and premature mortality through factors which are related to unhealthy behaviours. Those living in poverty are more likely to follow trajectories of limited school attendance and educational attainment, limited job opportunities and unemployment and are more likely to smoke, consume hazardous or harmful levels of alcohol, have a poor diet and have limited physical activity. In addition, male health behaviours tend to be worse than female behaviours, and middle life tends to be the period of highest risk of unhealthy behaviour.

Whilst health inequalities as a result of poverty may be partially explained by risk factors such as smoking and diet, it is likely that their use of and access to health services also underpin this issue. Across all countries, healthcare costs and use rise steeply with age and with the prevalence of long term conditions. Poverty is strongly associated with patterns of emergency and unscheduled care; 72% of the variation in unscheduled care is explained by poverty and social factors, not by system factors. This appears to be true in both primary and secondary care. These findings are found across a number of different health systems and relate to accessibility of services, but also how patient-centred such services are and the culture of how people use services.

Inequalities in income, health and quality of life persist and in some parts of Greater Glasgow & Clyde are widening. There are specific concerns regarding the health and wellbeing of particular population groups such as lone-parents, children and young people in low-income families and frail, isolated older people. There are also growing concerns about mental health and wellbeing across all age groups.

All of these factors contribute to increasing demands on our health and social care system. They highlight the need for a public health response that can work effectively across organisational boundaries to prioritise and provide accessible, preventive services and support for the right people at the right time and in the appropriate way.

Given our current economic context, it is crucial that cost-effectiveness is considered in all of our activities and interventions. The case for investing in public health has been well made in many reports. The priorities set out in this strategy draw heavily on robust evidence from a range of sources such as Frank et al which describes the seven key investments for health equity and Public Health England's 2014 report on the economics of investment in the social determinants of health. These reports show that investing in public health can generate cost-effective health outcomes and can contribute to wider sustainability with additional economic, social and environmental benefits. These benefits are often described as 'social return on investment' which transcend purely financial outcomes.

The recent WHO report on strengthening public health services and capacity describes how public health can be part of the solution to the challenge of increasing healthcare costs and outlines returns on investment in both the short and longer terms. The report highlights the cost-effectiveness of vaccination and screening programmes, the advantages of population level approaches rather than individual interventions and the best buy interventions for non-communicable disease prevention. These have informed the priority programmes and actions of this strategy.

NHSGGC has an impressive history of public health achievements. Even in some of the most intractable issues, we continue to see improvements, for example the decline in smoking rates and teenage pregnancy.

## Purpose of the strategy

This Public Health Strategy sets the strategic direction for public health in Greater Glasgow and Clyde, including accountability of HSCPs for their delegated public health functions, and contextualises the challenge to wider partners to improve public health outcomes through collaboration and effective action.

The strategy emphasises the importance of the approach we will take to improve public health. We require to operate as an effective public health system, collaborating to address shared priorities for action. The strategy outlines a series of high level Public Health Programmes, recognising that detailed plans setting out responsibilities, outputs, impacts and timescales are required to support the strategy.

The Moving Forward Together programme crystallises the impact on services of an ageing population and changing ethnic demographics. The explicit recognition that current health and social care service models cannot adequately meet the demand in the future emphasises the importance of prevention and early intervention.

This Public Health Strategy: Turning the Tide through Prevention must therefore create the impetus for this change. To achieve this, NHSGGC will become an exemplar public health system which means there will be a clear and effective focus on the prevention of ill-health and on the improvement of wellbeing in order to increase the healthy life expectancy of the whole population and reduce health inequalities.

## The aim of the strategy

The aim of this strategy is to accelerate the improvement in healthy life expectancy (HLE) and narrow the gap in HLE within Greater Glasgow and Clyde and between Greater Glasgow and Clyde and the rest of Scotland for both men and women by 2028.

## Strategic Objectives

Within public health it is widely recognised that 'it all matters' and in order to improve public health, action is required on many fronts. However, within this 10 year strategy, the public health challenges set out the need for a dedicated focus to deliver the six key objectives:

- To reduce the burden of disease through health improvement programmes and a measurable shift to prevention
- To reduce health inequalities through advocacy and community planning
- To ensure the best start for children with a focus on early years to promote healthy development, good health, wellbeing and quality of life throughout the life-course
- To promote good mental health and wellbeing at all ages
- To use and translate data into meaningful information that can inform service planning and public health interventions
- To strengthen the Board, IJBs and the Scottish Government in their roles as Public Health leaders.

## Outcomes

Each public health programme will have a detailed delivery plan linked to the National Indicators (below and Appendix 1) as well as programme specific measures. A detailed monitoring framework for the strategy will be developed with Glasgow Centre for Population Health which will provide long term outcomes, intermediate indicators and programme-specific measures.

- Quality of health care experience
- Healthy life expectancy
- Mental wellbeing
- Healthy weight
- Physical activity
- Health risk behaviour
- Journeys by active travel
- Premature mortality

## Our Approach

How we approach public health is important, in terms of what we do, how we work as a whole system and who we involve in creating a culture focussed on improving and protecting population health.

- **What We Will Do**

We will engage with our communities and our partners to refine and implement this strategy over the next 10 years.

We will work with partners and communities to identify the health challenges within our population and use the best evidence and available assets to address these challenges and mobilise change.

Prevention will be core business of NHSGGC and there will be a shift to prevention in all of our plans and strategies.

Our priorities will be relevant to and addressed in a local context but be of a size and scale to create a population impact.

Our priorities will also reflect the national Public Health priorities and contribute to the outcomes within the National Performance Framework.

We will ensure that all of our services are transparently fair, equitable and empowering and that we take specific action to meet the health needs of equality groups and marginalised communities. This will include supporting equality and human rights work in Integration Joint Boards and Community Planning Partnerships.

We will maximise what we do as an advocate and partner for public health, being clear about our role in preventing - and mitigating the impact of - inequalities in health.

- **How We Will Do It**

We will work as a whole system across Greater Glasgow and Clyde to improve public health, focussed on the priority programmes within this strategy while taking into account local needs and variations.

We will work collectively as co-producers of population health improvement and health equity with community planning partners.

We will demonstrate the values of human rights, respect, equality, dignity and kindness as a Board, as teams and as individuals.

We will support our staff to promote better health, prevent ill-health and reduce inequalities in their individual settings and workplaces.

We will support actions to enhance the health and wellbeing of our staff.

We will ensure the best use of current public health resources including collaboration and alignment of priorities with our partners and public health organisations such as Glasgow Centre for Population Health.

- **Who Will be Involved**

We will listen to and work with our communities, citizens and patients to understand their needs, priorities and views about improvements.

We will build on our relationships with communities and community planning partners creating a multi agency public health workforce to address our shared priorities.

## Our Role as a Public Health Organisation

By working across Greater Glasgow and Clyde as a whole system we are committing to becoming an exemplar public health organisation.

Pivotal to this expanded focus for Public Health within NHSGCC is our ability to provide a strong and cohesive direction for all our constituent parts and the partners and communities we work with. Working in partnership, we can achieve more than the sum of our parts, and can influence not only the quality of services provided to our population but also the circumstances and opportunities available to people where they live, work, learn and play. By working as a Public Health system we will focus our activities where they will have the greatest impact on improving population health.

### 01 - As a partner

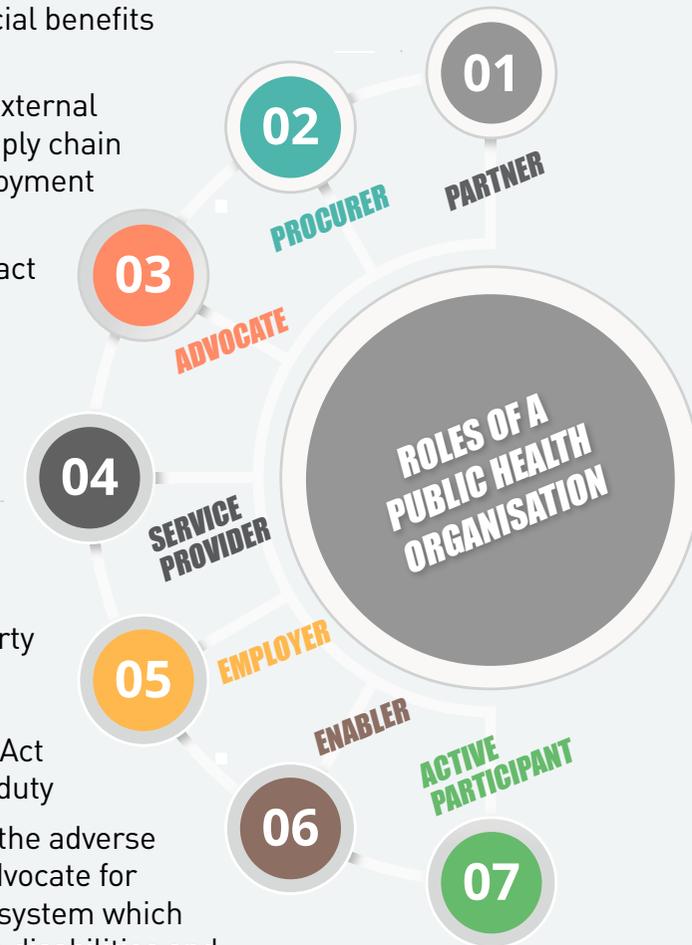
- to meet the ambitions of Public Service Reform, for example by supporting the application of the Community Empowerment (Scotland) Act 2015 to improve mental and physical health
- to routinely involve third sector partners alongside other public services in planning and delivering services,
- to play a full and effective role in Community Planning and the delivery of Local Outcome Improvement Plans,
- to influence public sector budgets and services to improve public health outcomes

### 02 - As a procurer of goods and services

- to support communities to use social benefits clauses
- to advocate for the living wage in external contracts and ensure the NHS supply chain supports good work and fair employment practices
- to ensure capital investments impact positively on communities

### 03 - As an advocate for communities

- to advocate for the inclusion of a health perspective in all aspects of social policy and advocate for progressive taxation
- to advocate for a reduction in poverty and socio-economic inequality by actively working to meet the requirements of the Child Poverty Act 2017 and the new Fairer Scotland duty
- to work in partnership to mitigate the adverse impact of welfare reform and to advocate for a fair and dignified social security system which supports lone parents, people with disabilities and other vulnerable groups
- to drive change through a strengthening of leadership for community experience and empowerment



#### 04 - As a service provider

- to provide services which are fully patient centred, accessible and inequalities sensitive
- to address the inverse care law and provide services which are proportionate to need and at their best where they are needed most
- to design and deliver services focussed on prevention and which support health and wellbeing and reduce health inequalities

#### 05 - As an employer

- to deliver a staff health strategy which supports health and wellbeing, longer fulfilled working lives, fair work principles and creates a positive working environment for all staff
- to promote health and wellbeing through treating employees with dignity and respect
- to maintain a credible and competent dedicated public health workforce which is fit for purpose to lead the delivery of this strategy, as well as providing support and development to enable the wider workforce to contribute to public health

#### 06 - As an enabler to empower communities

- to work alongside communities in co-producing good physical and mental health across the life course
- to involve and empower diverse communities, build social capital and develop good relations between groups
- to operate in ways that share power and influence more widely, as one aspect of addressing the fundamental causes of health inequalities

#### 07 - As an active participant in creating a healthy environment

- to support investment in integrated transport and active travel
- to develop sustainable environments that are designed to support health for current and future generations
- to apply place-based approaches to reduce the inequalities in the quality of neighbourhood environments within Greater Glasgow and Clyde including access to good housing and a reduction in homelessness
- create exemplar public health environments across the NHS estate

## Shared Roles and Working across Boundaries

The dedicated public health workforce within the Board, HSCPs and GCPH is well placed to provide evidence and data on best practice as well as realistic application in local and specific contexts. However, improved health outcomes will be generated through the policies and practice of our wider staff groups, partner agencies and policy makers. Coherence between national, regional, local and community based approaches is important to maximise the impact of public health policies and practice in the following plans:

- Local Outcome Improvement Plans
- HSCP Strategic Plans
- NHSGGC Moving Forward Together programme
- Health Promoting Health Service framework
- NHSGGC Corporate Priorities and Operational Plan
- Regional Plans



## Programmes for Action

The Public Health Programmes outlined in this section reflect the Board's commitment to addressing the challenges outlined within this public health strategy. They also describe activities which will be expected to be included in HSCP delivery plans. These actions will be delivered through the approaches set out above – both in relation to the Board's role as a Public Health Organisation and the shared roles with others.

There are six core public health programmes underpinning this strategy all of which require cross sector collaboration:

- 1) Understanding the needs, experiences and assets of the population, how these vary by sub-group and change over time.
- 2) 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.
- 3) 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.
- 4) 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.
- 5) Improving health services by ensuring effectiveness, accessibility, equity and best value, and strengthening the health impact of other services across Greater Glasgow & Clyde.
- 6) Protecting the public's health from environmental, communicable and other potential risks.

This strategy seeks to ensure that NHSGGC will adequately resource these activities in order to prevent avoidable ill-health, including intervening early in life and in the course of diseases. Within NHSGGC this will involve a shift in focus and resources from treatment to prevention.

The programmes for action have been aligned to the 6 national priorities as shown in Table 1.

- a) Place and Community
- b) Early years
- c) Mental Health and Wellbeing
- d) Harmful substances (including tobacco, alcohol and other drugs)
- e) Poverty & Inequality
- f) Diet and Physical Activity

Table 1: Public Health Programmes for Action and Health Priorities for Scotland

Programmes for Action	Links to Health Priorities for Scotland
Programme 1: Understand the needs of the population	✓ Place and Community
Programme 2: Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects	✓ Poverty and Inequality
Programme 3: Apply a life-course approach, recognising the importance of early years and healthy ageing	✓ Early Years and Children ✓ Diet and Physical Activity
Programme 4: Intervene on the intermediate causes of poor health and health inequalities	✓ Mental Health and Wellbeing ✓ Poverty and Inequality
Programme 5: Improve the quality of services	✓ Place and Community
Programme 6: Protect the public's health	✓ Harmful Substances ✓ Poverty and Inequality

## Programme 1. Understand the needs of the population

- Provide public health surveillance and evidence-based intelligence to support decision-making for improving the population's health, health service effectiveness and addressing health inequalities. This will include the Board's transformational plan, reviews of unscheduled care, regional planning, development of realistic medicine and community plans
- In collaboration with communities, inform and create opportunities to improve health through the co-production of place-based approaches
- Utilise the skills and resources of Glasgow Centre for Population Health and others to inform NHSGGC's horizon scanning for future public health and service challenges
- Monitor health intelligence resources to ensure that they are maintained and developed to a level to understand population need,
- Collaborate with partners to strengthen the analysis of economic impact of prevention programmes

## Programme 2. Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects

- Work in partnership with others to mitigate and prevent health inequalities which have been caused by poverty (including child poverty), income insecurity (debt, low wages, labour market conditions) and the impact of welfare reforms
- Promote health literacy and equitable access to health information across the population through Support and Information Services, interpreting provision and development of a Patient Information Management policy
- Ensure sufficient public health resources for a credible public health response to neighbourhood quality, housing, homelessness and health in partnership with local stakeholders
- Develop stronger emotional resilience and mental health and wellbeing, through mobilising sustained, multi-partner approaches and ensure a sufficient proportion of new investment for mental health is allocated to improvement in mental health wellbeing
- Provide advocacy, health intelligence and facilitation to the new Social Security Agency to maximise people's access to best start and benefits and ensure recurring funding for proven successful co-location models such as in Deep End practices, Long Term Conditions Financial Inclusion service, Royal Hospital for Children support service and Healthier Wealthier Children
- Work alongside communities to build social capital, strengthen community assets and develop good relations between diverse groups

## Programme 3. Apply a life-course approach, recognising the importance of early years and healthy ageing

- Develop programmes which take account of the variety of health needs linked to the life course and key points of transition
- Continue investment in the implementation of the New Universal Pathway, Getting it Right for Every Child (GIRFEC) and Curriculum for Excellence to ensure that children and young people benefit from early interventions within maternity and health visiting services and school-based support. Maintain a focus on supporting parenting and attachment; readiness to learn and attainment; relationship development and employability skills and physical health needs such as oral health, immunisation, sexual health and weight management
- Provide targeted support for vulnerable groups based on learning from Family Nurse Partnership, Adverse Childhood Experiences (ACEs) and poverty mitigation approaches such as cost of the school day
- Advocate for policies to support 'good work' practices with local employers and within NHS GGC to promote staff health and wellbeing
- Provide public health support to service development/redesign and innovation with the potential to improve health and reduce inequalities at key life stages e.g. Best Start; Addictions; Dementia Strategy; bereavement support and Carers Act implementation
- Develop programmes of Supported Self-care to increase healthy years lived

## Programme 4. Intervene on the intermediate causes of poor health and health inequalities

- In conjunction with partners, strengthen the Board's role to develop a 'Health In All Policies' approach to create a culture and environment supportive of health and wellbeing including: reducing the harm associated with drugs and alcohol; creating a tobacco free society through protection from second hand smoke and prevention of uptake of tobacco smoking; increasing the availability of affordable healthy eating opportunities; addressing determinants of good mental health such as nurturing early years, active citizenship and participation, promotion of wellbeing within diverse communities and addressing the negative impact of discrimination and exclusion on health
- Provide effective training for front-line staff within NHS and partner organisations to raise health issues, promote behaviour change and refer patients/clients for health improvement support as part of a social prescribing approach
- Provide evidence-based high quality and accessible condition-specific patient information equitably to all patients and promote health literacy within vulnerable groups
- Review and where possible strengthen health improvement programmes to address modifiable risk factors for major disease
  - Improve access to weight management services (particularly for pre diabetic / diabetic patients) and uptake of self management of weight interventions
  - Increase uptake of physical activity and therapeutic exercise programmes (e.g. Live Active) through expanded health referral pathways targeting least active groups
  - Systematic implementation of the adult mental health framework; responding better to distress with increased access to mental health and wellbeing support (social prescribing; peer support; social connection)
  - Routine identification and early intervention on drug and alcohol concerns in services including hidden harm for dependants, improved case finding and recovery support
  - Increased referral and engagement with effective smoking cessation programmes with focus on vulnerable groups including mental health patients, prisoners and deprived communities
  - Improve maternal and infant nutrition to support the establishment of healthy eating from an early age

## Programme 5. Improve the quality of services

- Implement national developments and guidance to existing screening programmes and ensure compliance with standards; enhance uptake for those programmes and population groups where uptake falls short of national standards
- Maximise the potential of primary care including the new GP contract to address health inequalities and health improvement within communities
- Support Moving Forward Together transformational programme to increase prevention and reduce inequalities through routine holistic assessment of individual needs and patient centred care planning, particularly in relation to Chronic Disease Management and targeting supported self care interventions
- Ensure strong clinical leadership is supported in every service to increase referrals to health and wellbeing services
- Maximise opportunistic intervention within routine health care provision in primary and secondary care (including the new GP contract; clinical pathways and guidelines) to connect patients with non clinical services which improve their health outcomes
- Promote mental health for people with long term conditions / Promote physical health for people with mental health conditions; “healthy body and healthy mind” through implementation of the physical healthcare policy and mental health strategy
- Deliver the activity in ‘Meeting the Requirements of Equality Legislation: A Fairer NHS Greater Glasgow and Clyde 2016-2020 and other related legislation including the British Sign Language Act and the new Fairer Scotland duty
- Develop a human rights approach to delivering services which means empowering people in our care to know and claim their rights and ensuring that we are respecting, protecting and fulfilling those rights

## Programme 6. Protect the public's health

- Design and implement the Vaccine Transformation Programme ensuring that NHSGGC's high childhood immunisation uptake rates are maintained and adult rates are improved
- Resource and deliver prevention and treatment services to reduce transmission of HIV
- Develop, monitor and evaluate innovative prevention, diagnostic testing and treatment services for Blood Borne Viruses, HIV and sexually transmitted infections, achieving the aim of eradication of Hepatitis C, including the provision of a sustainable hepatitis C service within our prisons
- Prepare and deliver a statutory Joint Health Protection Plan with our Local Authority partners, outlining local priorities and unique challenges in health protection, the resources, planning infrastructure and workplan for responding to communicable disease and environmental hazards within Greater Glasgow & Clyde
- Implement work on violence prevention, hate crime, gender based violence (including sensitive routine enquiry, human trafficking and female genital mutilation) in line with national guidance
- Work with partners to implement legislation creating safer and healthier environments through tobacco control, alcohol licensing and planning regulations
- Promote good sexual and reproductive health and support implementation of the review of sexual and reproductive health services

## What needs to change to achieve the aims of this strategy?

This strategy is being developed at the time of Public Health Reform and it is recognised that opportunities to work differently nationally, regionally and locally will continue to be shaped following publication of the strategy. A number of changes which will support the delivery of this strategy in the context of reform can be identified at this time:

- Collaborative leadership for public health with high visibility provided by the dedicated public health workforce
- Improved collaborative working between and amongst the Directorate of Public Health and HSCP health improvement teams.
- Consideration of the critical mass of health improvement resources to ensure continued development and delivery
- Establishment of a strong national public health agency and involvement in revised structures for local public health to improve effectiveness
- Review of role of Director of Public Health in a national, regional and local context
- Planning and development of Local Public Health Partnerships, adding value to existing arrangements
- Influencing budget decisions to achieve a longer term funding approach
- Strengthening the effectiveness of Community Planning
- Strengthening our public and community engagement approach to be empowering and inclusive
- Leadership and resources to enable primary and secondary care providers to undertake prevention
- Building our contribution to public health intelligence through collaboration and partnership across our public health networks

## Priorities in 2018/19

Action will be taken forward on all of the above programmes but there are 6 specific priorities in the short term:

**Table 2: NHS Public Health Priorities linked to Public Health Priorities for Scotland**

NHSGGC Public Health Priorities	Public Health Priorities for Scotland
<ul style="list-style-type: none"> <li>• Promotion of Mental Health and Wellbeing through the delivery of actions identified in the DPH Report 2017</li> </ul>	<ul style="list-style-type: none"> <li>✓ Mental Health and Wellbeing</li> </ul>
<ul style="list-style-type: none"> <li>• Contribution to reduction in child poverty through the production of joint Child Poverty Action plans with Local Authority partners</li> </ul>	<ul style="list-style-type: none"> <li>✓ Poverty and Inequality</li> </ul>
<ul style="list-style-type: none"> <li>• Review health improvement programmes for Maternal and Infant Nutrition; Physical Activity; Smoking Cessation and Addictions</li> </ul>	<ul style="list-style-type: none"> <li>✓ Diet and Physical Activity</li> <li>✓ Substance Misuse</li> </ul>
<ul style="list-style-type: none"> <li>• Delivery of the Vaccination Transformation Pre-school Programme</li> </ul>	<ul style="list-style-type: none"> <li>✓ Early Years and Children</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce inequalities in uptake of screening programmes through targeted intervention plans</li> </ul>	<ul style="list-style-type: none"> <li>✓ Poverty and Inequality</li> </ul>
<ul style="list-style-type: none"> <li>• Strengthen links to support community planning activities and engagement with communities and third sector organisations</li> </ul>	<ul style="list-style-type: none"> <li>✓ Community and Place</li> </ul>

## Governance

Implementation of the strategy will be led by the Director of Public Health and team working with health improvement teams in the HSCPs and with CPPs. The Board's Public Health Implementation Group (formerly the Health Improvement and Inequalities Group) will have a key role in overseeing implementation reporting to the Corporate Management Team. The Board's Public Health Committee will receive progress reports at every meeting and will subsequently report to the NHS Board.

## Appendix 1: National Indicators

National Indicator	Definition/Variable	Baseline Figure		Baseline Year		Most recent figure		Most recent year	
		NHSGGC	Scotland	NHSGGC	Scotland	NHSGGC	Scotland	NHSGGC	Scotland
Quality of health care experience	% whose care was described as 'excellent' or 'good' from Care experience survey	TBP	90%	TBP	2009/10	86%	83%	2017/18	2017/18
Healthy Life Expectancy	HLE published yearly by ScotPHO	N/A	61.1	N/A	2009	N/A	61	N/A	2016
Mental wellbeing	Mean WEMWBS score from SHeS	49.6	50	2008	2008	49.1	49.8	2016	2016
Healthy Weight	% with BMI of 30 or more	26%	27%	2008	2008	27%	29%	2016	2016
Physical Activity <sup>1</sup>	% meeting CMO recommendations	62%	62%	2012	2012	61%	64%	2016	2016
Health Risk Behaviour <sup>2</sup>	% with 2 or more risk behaviours	63%	65%	2012	2012	67%	63%	2016	2016
Journeys by active travel	Journeys to work made by active or public transport	36%	31%	2006	2006	36%	31%	2016	2016
Premature Mortality	European Age Standardised mortality rates per 100,000 for people under 75 in Scotland	646.9	520.4	2006	2006	517.1	439.7	2016	2016

### Key:

TBP To be provided

N/A Yearly HLE figures are not produced at NHS Board level by ScotPHO

1. Questions in SHeS regarding physical activity changed in 2012 to conform with updated CMO guidelines, resulting in 2012 being the earliest possible comparison
2. One of the risk behaviours considered was physical activity, resulting in 2012 being the earliest possible comparison

## References

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