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Public Knowledge

An introduction to public health reform and the role of community-led health.

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What you need to know.

Public health reform is in full swing, with a new national body, Public Health Scotland due to be established next year. In this CHEX briefing, we start from the assumption that many people in Scotland, including those working in community-led health, will not be familiar with the reform process, and even with public health more generally.

We set out the basics of public health and public health reform, highlighting that the process so far has put a strong emphasis on community and community-led approaches. We seek to build on this, highlighting the unique contribution community-led health makes to tackling health inequalities, and pointing to the evidence of this contribution.

Finally, we encourage our network to take advantage of opportunities to engage with public health reform where they can, including the current consultation on setting up Public Health Scotland.

Introducing Public Health

Look up any definition of “public health” and it probably won’t make easy reading. Many people will find the concept vague and hard to get their head around. Definitions tend to make reference to both science and art as well as a long list of people and organisations that contribute to it. There are also at least three broad strands to public health – more of which below.

Given the above, what is happening currently in Scotland with regard to 'public health reform' might not mean a lot to many people either. This is an issue since, as we will see, an aim of public health reform is to involve everyone in the conversation about the future of public health in Scotland.

That's the starting point for this briefing. We want to provide a short simple introduction to public health and public health reform that helps to get a foothold in what both of these are about. Hopefully, this will help to put those in community-led health in a better position to influence the public health reform agenda.

What is public health?

The World Health Organisation (WHO) defines public health as:

"the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society" (Acheson, 1988; WHO)

At its simplest level public health involves working together to maximise the health of everyone. But the WHO definition has some subtleties that are worth teasing out.

Public health focuses on prevention

Public health emphasises the *prevention* of ill-health. As most people working in community-led health will know, an 'upstream' focus on prevention differs from a 'downstream' focus on the treatment of ill-health. Our previous CHEX briefing introduced social prescribing as a method of implementing and supporting preventative, community-based services.

Public health focuses at a societal level

Most people working in community-led health will know that significant health inequalities still exist in Scotland, but it's always worth repeating. Someone who lives in one of Scotland's most deprived areas is twice as likely to live with an illness or to

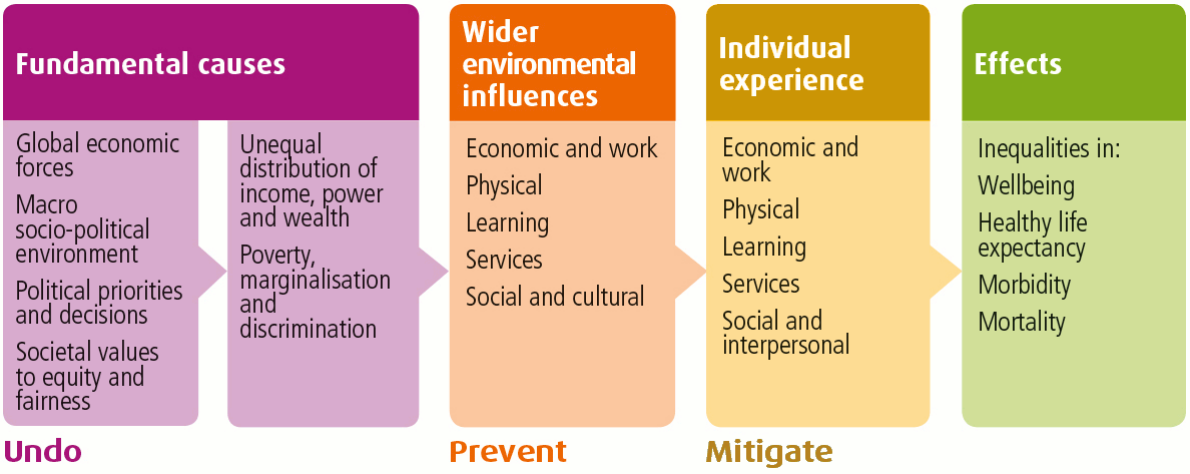
die young as someone who lives in our most affluent areas. Added to this are the pressures of an aging population, staffing issues and cuts to public services.

The WHO definition of public health refers to the "organised efforts of society", focusing on the health of the wider population as well as on the causes of health inequalities. Public health tends to emphasise that health inequalities are bound up with wider social and economic inequalities and that result from the way our society is organised.

NHS Health Scotland's website puts this more simply, stating:

"[T]he fundamental causes of health inequalities are an unequal distribution of income, power and wealth"

Furthermore, they go on to say that this unequal distribution affects other areas of our lives such as work, education, housing and access to services. This clearly has further impact on our health. The table below shows this in more detail, and highlights how political decisions are key to addressing the causes of health inequalities.



Source: NHS Health Scotland (2019) 'What are health inequalities?' NHS Health Scotland website

Quite a lot of policy and practice developments in Scotland have been about reforming services in order to address the above problems. Previous CHEX policy briefings have described elements of this, such as the integration of health and social care, the Community Empowerment (Scotland) Act and social prescribing.

Public health reform can be seen as part of this same drive, and the reform website lists inequalities and pressures on services as reasons for why reform is important.

Other key areas

Prevention and addressing health and wellbeing across society are a key focus of public health. NHS Health Scotland lists the other main domains of public health as *health protection* (e.g. stopping the spread of contagious diseases) and *health and care services* (i.e. identifying more effective ways of delivering healthcare.)

Who does public health?

Up until now, the main public health body in Scotland has been NHS Health Scotland.

A long list of other people and organisations contribute to public health. NHS Health Scotland has previously put these into two broad categories – the core public health workforce and the wider public health workforce.

Core public health workforce

This category includes people who have public health as part of their job description, such as those who work for NHS Health Scotland and public health departments within regional health boards. It would also include public health researchers and some people who work in health promotion.

Wider public health workforce

NHS Health Scotland describes the "wider workforce" as including:

"people in the third sector, who work with people and communities to promote health and wellbeing and tackle barriers to the right to health"

CHEX would obviously emphasise the role of those involved in community-led health here. In addition, given that public health focuses on prevention and the wider

determinants of health, we see the wider workforce as incorporating the community sector more generally. **In other words, any work that supports people and communities to identify, organise around, and address their own priorities can be seen as contributing to public health.**

Public Health Reform

Public health reform is a partnership between Scottish Government and the Convention of Scottish Local Authorities (COSLA). Its purpose is to transform public health in Scotland, putting decisions into the hands of people and communities and supporting them to develop their own solutions.

It might be good to give a bit of history to the reform process. In 2014 the Scottish Government established the Public Health Review to come up with recommendations on how public health in Scotland could best respond to the emerging health challenges referred to above. The key findings of the review were:

- The need for more clarity on roles
- A call for stronger leadership
- To have a clear strategy for public health
- The need for better partnership working

In the wake of the review, the Scottish Government's Health and Social Care Delivery Plan (2016) recommended that:

- A single public health body for Scotland should be set up
- Local joint public health partnerships between local authorities, NHS boards and other partners should also be set up
- A set of national public health priorities should be developed.

The reform programme is taking forward these recommendations and a website has been established to host information and keep people informed about the process.

CHEX has a role in this reform process as a member of the Public Health Reform Programme Board. CHEX's parent organisation, Scottish Community Development Centre, has been a member of the Public Health Oversight Board.

Below, we go into more detail on the main areas of work involved in public health reform.

Public Health Scotland

Public Health Scotland is the new, single public health body being set up as part of public health reform, bringing together some of the existing public health organisations in Scotland by April 2020.

The current public consultation on the proposals for the Public Health Scotland is running until 8 July 2019.

A number of projects and commissions have been set up to help develop Public Health Scotland. These collaborative commissions consisted of public health staff as well as other partners. Commissions were set up around:

- Ensuring appropriate, effective and high-quality health and social care services
- Improving Health
- Leadership for Public Health Research, Innovation and applied evidence
- Leadership for Public Health Workforce Development
- Organisational Development
- Protecting Health
- Underpinning Data and Intelligence
- Specialist Public Health Workforce

CHEX is a member of the Improving Health Commission. The commissions were tasked with providing recommendations on how Public Health Scotland should work. Most have now reported back and this has fed into a Target Operating Model or TOM. This model is currently in draft format and outlines the public health roles and responsibilities of Public Heath Scotland and other public health partners. You can read more about it here.

Scotland's public health priorities

These priorities were developed through engagement across Scotland with a range of individuals and organisations from public health, the wider public sector and the community and voluntary sector. An example of some of the engagement that took place can be found on ScotPHN's website.

The findings from engagement were then turned into six priorities, which are:

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

These are backed up by the following principles:

- Reducing inequalities
- Collaboration and engagement
- Prevention and early intervention
- Empowering people and communities
- Fairness, equity and equality
- Intelligence, evidence and innovation

The full document, *Public Health Priorities for Scotland*, can be downloaded from the Public Health Reform website.

Where Community-led Health Fits In

The priorities put a strong emphasis on the importance of place, communities, prevention, empowerment and tackling inequality. It is not hard to see why community-led health has a role to play. We know how easily the community and voluntary sector gets overlooked when it comes to investment and being heard, so it is worth re-stating what we bring as a sector.

Our approach

Community-led health is a way of improving health and wellbeing that starts with what people say is important to them. It follows the social model of health which recognises that our health and wellbeing results from factors including work, education, housing, leisure and the way we organise ourselves as a society.

Community-led health organisations are focused on tackling inequality in all its forms. They involve people experiencing poverty as well as disabled, BME, LGBTQ people and other marginalised groups at all levels of their work.

In order to improve health and wellbeing and the factors which impact on this, it is important to involve the people who are most affected. That way services will be more relevant to the people who use them and decisions will be more appropriate to those they impact on.

Community-led health is all about working with people around these issues. Even better, people get direct benefits from being involved in decisions and making services better. They feel they have more of a stake in their communities and services and develop increased skills and confidence. This is essentially what is meant by ‘empowerment’ and it has knock on effects for health and wellbeing. So, the very process of community-led health in increasing participation and control has direct health benefits – prevention in action.

Finally, although community development approaches bring people together around *local* issues, this builds capacity and confidence to engage in the fight against *wider* power and wealth inequalities in society. So these methods are part of the long-term

solution to reducing health inequalities, alongside structural measures addressing income and power inequalities.

Where's the evidence?

It's all very well saying what the benefits of community-led health are, but how do we prove this?

CHEX has put together a range of reports, case studies and other resources showing the value and impact of community-led health approaches. You can find most of these on our website, although a few worth highlighting are:

- Our last CHEX policy briefing on social prescribing which summarises a mass of evidence on the benefits that community-led organisations bring to working with people experiencing mental health issues, loneliness and isolation and other health issues.
- Our Communities at the Centre case studies from 2013 and 2015 which show a range of ways community organisations around Scotland work with local people to benefit health and wellbeing.
- In recent years CHEX has highlighted the role of community organisations in participating in planning structures, influencing decisions and increasing control of local assets. Read our case studies of how community organisations with a health focus have made use of the Community Empowerment (Scotland) Act, and how one CHEX network organisation has engaged with local health and social care structures.
- This also seems like the right place to highlight some of the work Public Health England has been doing promoting and evidencing "community-centred approaches for health and wellbeing". In addition to a guide to community-centred approaches which CHEX has highlighted previously, Public Health England have pointed to evidence building the case for investing in community-centred approaches that increase social capital and, in turn, health and wellbeing.

This year CHEX will be taking forward our own work around evidencing impact.

- Firstly, we will be partners in a learning set led by Evaluation Support Scotland to develop a theory of change and high-level logic model on how community and voluntary sector organisations tackle health inequalities.
- Secondly, we will be developing a future policy briefing focusing on evidencing the impact of community-led health, showing how organisations within our network are doing this.
- Thirdly, as part of our membership of the Knowledge Translation Network we are developing a resource introducing people to different approaches to involving communities in evidence, with links to further information.

What Next?

The language being used in the reform process so far has been encouraging. For instance, the introduction of the consultation on Public Health Scotland states:

"We want to support a step-change in how organisations and communities experience engagement, participation and empowerment in relation to decisions that impact health and wellbeing. This is about supporting the way in which individuals and families, the communities they belong to, community groups, community councils, charitable and voluntary organisations, and people working in the public, private and third sectors, collectively create and contribute to health and wellbeing in their local area." *A consultation on the new National Public Health Body 'Public Health Scotland*, p8.

As stated previously, CHEX will be responding to this consultation and, as part of this, will be reading the proposals for the new body in detail. Our response will likely emphasise that a new public health body will need to commit adequate resources to investing in and supporting community-led health in order to achieve the 'step-change' outlined in the quote above.

We will acknowledge that focusing on partnership within existing structures (such as community planning and integrated health and social care structures) and on promoting the use of legislation (such as the Community Empowerment (Scotland) Act) are both part of the picture. In addition, we will highlight public health's role in

investing in community development to ensure all communities are able to be involved in decision making that affects them.

CHEX encourages everyone in our network to consider making a response to this, and future consultations on public health reform. We will continue to share information and updates on the reform process, so make sure you stay connected through our mailing lists.

Get in touch

For now, please feel free to contact Andrew Paterson at CHEX if you have any questions or suggestions regarding this briefing.

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