

Question 3

3) What public health outcomes would be meaningful and over what timescales?

We have heard that improving public health will take a generation to achieve, but also that agreeing shared outcomes in the here and now is an important (first?) step in tackling inequalities.

Respondents made the point that 'good partnership needs shared understanding and common goals'. Developing shared goals and objectives was seen to be the most effective way of focusing the efforts of community partners on tackling inequalities. Respondents thought that public health leaders needed to be able to influence and contribute to achieving local, shared outcomes, and it was suggested that it could be worthwhile to review Single Outcome Agreements across Scotland to identify how many have public health as a key priority. (Analysis of responses)

Current measures of performance on health inequalities are insufficient and not accurate enough to define effectiveness. CPPs' reports need to be improved to truly reflect outcomes in their area and therefore better track their progress in reducing health inequalities. (60-Third sector)

There can appear to be disconnect between Scottish Government departments in relation to joined up public health outcomes. (NHS Board, 18)

Dundee Engagement Discussions/Answers to question 3

Name of facilitator	Question 3. What public health outcomes would be meaningful and over what timescales?
Carole Jackson	<p>What PH outcomes would be meaningful?</p> <ol style="list-style-type: none"> 1. Empowerment 2. Employment (sustainable) <p>Population based.</p> <ol style="list-style-type: none"> 1. We spend money on processes rather than outcomes 2. Outcome planning <ul style="list-style-type: none"> • Use of login modelling • Freedom from fear of hunger • Good work (living wage/contract) • More active population? • Food bank closures? (due to lack of use) 3. Need to join up some of the earlier processes <ul style="list-style-type: none"> • Different pathways to be outlined • Overly political 4. Over what sort of timescales (short/medium/long)? <ul style="list-style-type: none"> • Guides to what these are? • Longer term – political regimes, in/out of favour • Danger of these things being thrown out 5. Invest to save – very little evidence of this working <ul style="list-style-type: none"> • Oral health • Heart disease 6. Imperfect whatever these are <ul style="list-style-type: none"> • Need to spend more time on middle ground (in logic model) rather than creating 25 outcomes • Voluntary sector + public sector role in providing this and negating health inequalities 7. Whose outcome are we talking about? Ham reduction? 8. Core PH services? <ul style="list-style-type: none"> • What are they – how are they devised? • Overly embedded in the NHS? – Challenge in preventative centres as a result • National care system • Performance management needs to be better defined
Melanie Tsagalidou	<ul style="list-style-type: none"> • Operationalise ‘upstream’ discussion • Advocacy lead outcome • Immediate and current • Easily understood to partners • Define short political cycle • Need longer term aim to progress • Strategic vision • Goals with steps – global strategy

- Promote recovery
- Prevention escalation

Set by those delivering – what is success for you? Achievements.
 Example – early years approach...can't affect infant mortality by helping older children – too late.

- Need good intelligence for good targets – realistic and evidence based
- Need education to get from strategy outcome
- A way to change behaviour
- Outcome may not be a target indicator
- Measure the measurable data

Population fractions/data sets – do these reflect outcomes towards a meaningful target?

- Evidence of benefit
- Health intelligence – process target, baseline, outcome
- Health inequalities targets – not the same as health outcomes
- Timescale
- Accountability – who works to the targets?
- Sub targets to effect change unusual in practice e.g. unemployment, education, food banks etc.
- What is the outcome we are trying to achieve? E.g. unemployment/health.

Who is best placed? E.G. unemployment and tangible change, housing. Who is responsible to set targets?

- Food mile access/fuel poverty

Targets may be meaningful for change at local level

- Breastfeeding – yes/no
- Houses below standards – yes/no

Other in health system?

Ambulance – time targets by urgency.

Clinical outcome focus? The intervention is important e.g. stroke/mi
 Measure the measurable – but what is the contribution chain where each element contributes to the outcome.

Use of logic modelling can be helpful – the contribution of each step.

Use in equally well/keep well

- Has indicator been reached
- What proportion carried out
- What proportion met target

Difficult for national reassurance about local work and steps

Could redevelop a generic model – NHS Health Scotland?

- Gout departments – silos – not joined up target indicators so divergent results as well as impossible to achieve – need them to join up e.g. early years monitoring

Commitment from Scottish Government to give this priority.

Like HEAT targets, get the phone call and resource put PH in HEAT target.

	<p>Examples:</p> <ul style="list-style-type: none"> • 12 factors to make up Health Index • Reduction in health inequalities – a wider context issue • E.g. MI – avoidable/unavoidable ratio index – tie this to deprivation in the area • E.g. unemployment and ill health – well person health clinic, targeted via deprivation index (keep well – well north or local branding) • Questionnaire re health – exercise prevents diabetes etc. – how accurate are these surveys? • Different data of different quality – how to develop PH information which can track and measure PH journey – PH outcomes • Quality and quantity metrics • Validate the intelligence – corroboration • Health Scotland – sample to check self-reported versus nurse takes evidence • Ahead on indicators – do these build to PH outcome - higher order, e.g. happier, safe, secure, resilience, not an absence of illness • Outcomes for individuals in community may be different from the PH strategic measures e.g. bins/rubbish/safe playgrounds • E.g. child health – this must be on the agenda for each HB meeting – this is simple • E.g. health inequalities may be more complex <p><u>Key Points</u></p> <ol style="list-style-type: none"> 1. PH outcome – a broad range – multiagency 2. Intelligence lead – understanding of contribution to health, higher outcomes 3. Teeth – health due to alcohol and drugs 4. Meaningful, measurable and accountable 5. Subject to local scrutiny and review – beyond the current accountability 6. Note inequalities and health outcomes may be different 7. Meaningful for PH improvement in education, employment, safe/secure housing, communities – social/economic/cultural/well being 8. PH as HEAT target 9. Gout commitment to PH as priority
Mary Colvin	<p>Good outcome – more organisations participation in PH</p> <ul style="list-style-type: none"> • Can we decide this today – organisations/partnerships • Mental Health Outcomes Framework (very helpful) • Access to Health Inequality Indicators • National Framework • Mental Wellbeing – Inequalities

	<p>Combine the outcome frameworks we have, then the so what. The process of constructing the logic model is helpful. Monitor progress: Logic model – this is what we expect to happen. Time scale: Difficult Yes ‘Leaders’ need involved but it is local people and communities (tone of top down).</p>
Jim Cannon	<p><u>National PH Outcomes</u></p> <ul style="list-style-type: none"> • Immunisation for all • Good life experience (leader in this) • Job/Living wage (leader in this) <p>Should be determined by communities. National outcomes a starter: Determine path towards these outcomes in health. “Scotland Performs” About playing the long game! “Young Scot – “Building the boat” – worth referencing to get into good co-production.</p>

Edinburgh Engagement Discussions/Answers to question 3

Name of facilitator	Question 3. What public health outcomes would be meaningful and over what timescales?
Ron Culley	<ul style="list-style-type: none"> • Protecting and improving health of population • Public information on progress is important • Connecting the outcomes • Specific challenges around obesity – priority • International targets – UK and Scottish Governments + SOAs + locality • Democratic pressures • Ownership LDPs • Outcomes – evidence, comments, understood, deliverable – National Champion • Living Wage – how we define inequalities
Tim Patterson	<ol style="list-style-type: none"> 1. We need an agreed vision 2. Nationally agreed priorities – based on need 3. Outcomes should measure what we want to achieve short/medium/long term`
Ishani Erasmus	<p><u>Meaningful outcomes and timescales</u></p> <p>Meaningful</p> <ul style="list-style-type: none"> • Important/influence • Benchmarks e.g. % of smokers • Targets of 5% by 2035 • Giving up smoking is a process outcome whereas as the numbering people who have given up is the final outcome <p>Meaningful to who?</p> <p>Quote 1 – Smoking by SIMD – inequalities gradient</p> <ul style="list-style-type: none"> • Indicators/ways of measuring important e.g. self-reporting versus measuring • Short, medium, long term outcomes • Different goals for different people/bodies working towards same ultimate goals • Policy coherence – not joined up, undermines achievements of outcomes • Need to bring people together – different agencies to agree long term outcomes, across sectors e.g. justice/legal issues around substance misuse • Within health service, independent contractors aren't necessarily sufficiently aligned e.g. eye complaint coming into pharmacy and until lately didn't know that optometry provided walk-in sources • Communication and education is the issue • But this isn't a Public Health issue • Infant mortality is more of a PH issue and tackling it can be

translated into a target

- Need to measure outcomes – metric
- Could set targets based on benchmarks (similar countries)
- Have to check that what you measure doesn't drive perverse behaviour
- Child poverty – 25% of UK children grow up in poverty based on OSCD definition – is a proxy measure for health outcome

You shouldn't do anything without an outcome in mind – prioritise things that have the biggest impact on quality of life.

Meaningful is to improve e.g. reducing infant mortality in line with other European countries, but would ultimately be even better.

How to choose between health outcomes/trade offs

- Could base on qualys
- Could base on cost-efficiency
- There's something wrong with UK that means worse health outcomes than similar European countries because higher poverty
- Might be because of attitudes to alcohol

Framing outcomes around what you want to see

- Must be achievable
- Need suite of measures/interventions around a single outcome
- Spectrum of interventions

Measures

- Don't know what CPPs look like
- SIMD – it's the best we've got
- Not an outcome measure – just stratifies
- Can stratify e.g. smoking by SIMD
- Need to look at SIMD in an area over time
- E.g. HEAT – smoking cessation most deprived

Could look at other indicators – to add to SIMD e.g. hospital admissions. More important to report outcomes against it rather than fiddle with indicators.

Key Points

- Need to frame outcomes around what you want to see
- Must be achievable
- Supported by benchmarks, targets, indicators
- Policy coherence – lack undermines achievement of outcomes
- Need to bring people together to agree
- Different goals for different players with short, medium and long term goals all focused on achieving the same ultimate outcome
- Have to check that targets and measures/indicators don't have perverse outcome
- There may be trade-off between different outcomes – how to decide 0 on the basis of value for money or QUALYS

Glasgow Engagement Discussions/Answers to question 3

Name of facilitator	Question 3. What public health outcomes would be meaningful and over what timescales?
Anna Baxendale	<ul style="list-style-type: none"> • National PH framework outcomes • SG national outcomes work back to more tangible outcomes – NHS performance measures – fit for purpose? • Non health agencies identify with outcomes and own • Embed inequalities target into national outcomes – taskforce outcomes...gap • PH role in relation to deliver key national outcomes – focus on priorities for PH (discreet activity) • Demonstrate contribution of broader 'PH' to suite of outcomes but linked to 'dynamics' e.g. CPPP – SOA, HCSP – set of outcomes, Boards/LAs (3 domains – health improvement, protection and services) • Consistent approach at national – local – local neighbourhoods (too much variation). Does not add up to bigger picture. Change and replace not additional. Basket of indicators – need to allow focus locally • Current outcomes don't drive resources or activity – recognition of 'test of change' • Longer term time frame – not immediate – expectations – tipping point/threshold
Katherine McKay	<p>Need standard definition of outcome.</p> <ul style="list-style-type: none"> • We must not focus only on 'SG' national outcomes as this does not give a purpose for community engagement in determining their own outcome. But...how do we (PH) help communities understand the bigger picture and link their aspirations? (Dog fouling and green space) • Eliminating child poverty • Reducing mortality inequality (How does this and the above, link to the national outcomes?) • Community development/health improvement is an essential outcome and same as 'asset based approach'...engage them in finding solutions. • Use SOA and try to 'measure' all the specific PH themes from CPPs • Need to get CPPs to understand what their contribution to PH is • CPP need to recognise/encompass more PH contributions from third sector/communities. NOTE – rep from third sector and from health – need a sub network with connections. Good example is 'Alcohol strategy and partnerships' • There is a complex matrix of sub CPP structures • If we are clear about 'shared' outcomes and what the aim is • Analyse the current SOAs to see how well they meet the SG national outcomes as a measure of 'connect' between central and local 'outcomes' • Identify perceived gaps/over lapping, then from here support the CPPS • How are the CPPs investing in working together to deliver together; for PH, helps them understand PH outcomes
Evonne Bauer	<p>Generation to achieve – yes, but there are immediate impacts too eg smoking ban led to fewer A&E admissions / cleaner air indoors (immediate)</p>

	<p>Hospital / NHS grounds – not enforceable Change in risky behaviour Big picture v local immediate picture Performance indicators Change focus to determinants of health Time to care about health Hopelessness to hopefulness Scotland – 3rd worst country world for obesity (Falkirk – Healthy Mile) Evidence based changes HEAT targets – performance management systems / ? Funding streams require evidence base “Go well” study Glasgow – mental health improvements Sharing statistics NHS/LA/A&E admissions Air quality Joined up working NHS/LA eg FSA Food poisoning – range people involved/partners Health Protection Network – overview of whole picture required What can we do differently to contribute</p>
<p>Brian O Ruth Mellor</p>	<p>Timescale Short – difficult because of prevention Nature of work Long Reactive How do we measure, what counts as evidence? What doesn't work? It is positive that ISD going out to see local area working Research ? must pilot and evaluate Support for those evaluating</p> <p>Other issues Where do you take money from for prevention?</p> <p>Audit Scotland review of single outcome framework</p>

Inverness Engagement Discussions/Answers to question 4

Name of facilitator	Question 4. How do we really involve communities in partnerships and enable community empowerment?
Joanne Larson	<p><u>Pro-active Approach – HOW?</u></p> <ul style="list-style-type: none"> • Build confidence • Equipping staff • ↑ Knowledge • Media <ul style="list-style-type: none"> ○ TV ○ Social media ○ Radio ○ Papers • Sharing resources • Inform communities – ‘being on the ground’ • Informed consultations • NEED for a VISION – sharing stories • Roadshows • Presenting opportunities & identify responsibilities – across communities. <p style="text-align: center;">↓</p> <p>Who does this?</p> <ul style="list-style-type: none"> ○ NES ○ CPP ○ Health Scotland <p><u>No wrong door</u></p> <ul style="list-style-type: none"> • TRAINING & develop <ul style="list-style-type: none"> ○ To help develop confidence for staff to work in co-production • CONFIDENCE <ul style="list-style-type: none"> ○ Build confidence for true ‘community voice’ • METHODS OF ENGAGEMENT <ul style="list-style-type: none"> ○ MINORITY <ul style="list-style-type: none"> ▪ Groups – travelling community ▪ ‘communities of interest’ • Draw on common interests <ul style="list-style-type: none"> ○ Stakeholders – invest • LEADERSHIP/EMPOWER <ul style="list-style-type: none"> ○ Leadership to help empower support capacity ○

	<ul style="list-style-type: none"> • Listening -WHO? <ul style="list-style-type: none"> ○ How do we hear everyone? ○ Communication channels ○ Ease of access – accessibility ○ Equipping community ○ Transparency/↑ understanding in community • WHY? <ul style="list-style-type: none"> ○ Engage? ○ Evidence • HOW? <ul style="list-style-type: none"> ○ How do we maintain trust in ‘professionals’ → sharing responsibilities
<p>Alan Yates</p>	<p>Key issues:</p> <p>Positive</p> <ul style="list-style-type: none"> • Felt CPP are very positive for community engagement – particularly where themed groups – allows communities to relate to issues • Health/Social integration meetings provide good way into communities and wider issues can then be picked up under CPP • There is key role for PH to promote empowerment of communities given impact on well-being • Participatory budget schemes may again be useful way to get interest of communities <p>Difficulties/Barriers</p> <ul style="list-style-type: none"> • engaging general (healthy) population with some issues • getting voice of target audience rather than the interested few who may have own agenda – felt 3rd sector very useful here • Engaging takes significant time commitment from professionals. Particularly when measures/targets may focus on short-term issues. Need to promote value in long term intervention <p>General discussion:</p> <ul style="list-style-type: none"> • Communication – need good flow local/regional/national on initiatives that work • PH must engage with social media • Ideally need to identify opportunities to provide support/infrastructure to assist community engagement e.g. in Shetland meetings held on integration at local areas with involvement of 3rd sector and partners also touch on CPP agenda – this can pull in wider issues. • Key role for PH to push community empowerment – all agreed but

noted may not be view of agencies/individuals outwith PH

- Must avoid duplication by having key focus at local CPP
- Need to have clinical buy-in at local level
- Noted PH doesn't use medical model – looks at wider issues impact on health. E.g. in Western Isles health inequality group asked wider groups (e.g. economic group) to pick up on HI related issues. This lead to participatory budget project on community transport
- Noted difficulties with measuring success with preventative projects
- Frustration at taking forward good practice already identified e.g. through equally well – for example trying to get partner agencies to release relatively small amounts of money
- Targets/measures – needs to be strong PH leadership to ensure these are appropriate and fit with government policy. Can be useful e.g. statutory PIs have recognition at senior management level for environmental health but the PIs should tie in with national priorities.
- Problems with national procurement leading to difficulties with local initiatives
- Community empowerment bill – need to get message to public and allow 'stronger voice'
- Noted previous work e.g. western isles 1990 'health needs assessment' had engagement with local mother and toddlers that lead to community groups still going
- ScotPHN – noted there can be instances where degree of duplication is necessary e.g. national policy with local guidance but need to have flexibility on timing – may have different work tempos at local/regional/national levels
- Noted audit Scotland (2013) report identified difficulties with having appropriate measures for 3rd sector for evidence of impact/prevention. 'stich in time' (?)