**Elements of a New Public Health Strategy for Scotland**

**A Position Paper from the Scottish Directors of Public Health**

**Background**

The last formal public health strategy for Scotland was *“Towards a Healthier Scotland”*. Published in 1999, it was a ground-breaking document in its time/ The underlying conception of the strategy – that public health could be improved through addressing the many factors which determine health –has been reflected in all health service and health strategies over the last sixteen years. However, whilst policies have recognised these determinants, over recent years the tendency for strategic, policy statements that seek to effect public health have been more focused on specific lifestyle factors (e.g. obesity, alcohol, tobacco control), or on the specific consequences for people’s health from the social economic and cultural inequalities that still exist in Scotland, or from inequalities in being able to access, or benefit from, health and social care provision.

Whilst there is nothing inherently wrong with such an approach, it does mean that the focus can shift away from the needs of all the population and become wholly concerned with those considered to be experiencing the greatest health inequalities, or those whose lifestyles are injurious to health. Such an approach may mean that there is insufficient regard taken to the creation of population health or there is a lack of early action taken to militate against new, emerging threats to the public’s health.

A new Public Health Strategy for Scotland needs to be one which addresses ***both*** the health of the Scottish population, without losing the necessary focus on reducing health and other forms of inequality affecting wellbeing.

**The Core Content of a New Strategy**

At its heart, any strategy should set out the vision of the future health of the population of Scotland. At the most basic level, the strategy must:

* focus on the wellbeing and the contribution of health to achieving progress in Scotland;
* establish the current and future challenges to the public’s health across the three domains of health protection, health improvement and health service effectiveness;
* establish the necessary shift to action on prevention (at primary, secondary and tertiary levels) and mitigation of factors impacting on poor health outcomes in the population;
* establish the approach to be taken in addressing health inequality prevention and reduction and specify the contribution made by the specialist Public Health function as well the contributions from other agencies;
* identify a number of specific areas for public health action, prioritised on the basis of a clear evidence-base, suggesting effective intervention provides a valuable opportunity to benefit from better quality of life and longevity;
* clarify leadership and delivery responsibilities across organisations;
* provide a model of delivery, across the domains of public health practice, which is likely to be sustainable over time; and
* articulate a public health outcomes framework, based on a logic model that and recognises short-term, intermediate, and long-term outcomes.

In addition the strategy needs to provide a number of supporting factors:

* a plan for the developing and sustaining the public health workforce, positioned where they are most able to effect change;
* a plan for the development and maintenance of public health intelligence;
* an approach to sustaining academic public health development; and
* an approach to continuous improvement in the delivery of all public health functions.

**What the new Strategy should contain?**

All strategies need to state (or restate) the reason why the strategy is needed (its purpose0, what has been critical factors in developing the strategy (its core values), and, finally, what would successful delivery of the strategy look like (its vision) after an agreed implementation/ /delivery interval. A new Public Health Strategy for Scotland is no different and would need all these things

The strategy should connect public health to inter-dependent links with social, economic and cultural progress, acknowledging the potential of leadership, and the capability of the public, voluntary and private sectors to contribute. The strategy should explicitly align with the principles of the Christie Commission.

As a minimum a public health strategy will need to include the national approach to the three domains of public health practice:

* health protection;
* health improvement; and
* health service quality and effectiveness.

To these may be added work addressing issues which cut across all three domains:

* public engagement;
* clinical engagement;
* the social, economic and cultural determinants of health;
* health inequality reduction; and
* health intelligence and population health surveillance.

Within each of these areas, a series of prioritised topics will need to be considered. Current public health priorities include:

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| **Health Protection** | **Health Improvement** | **Health( (& Social Care) service quality and effectiveness** |
| * Maintaining CDC resilience; * New CD; * BBV; * Civil contingencies. | * Wider determinants of health – individual factors: social & economic circumstances: housing; education; employment; isolation; BME; * Wider determinants of health – population factors: strengthening community resilience; community development; asset based approaches; building social capital; * Lifestyle factors: tobacco; alcohol; drugs; sexual health; obesity; violence; * Life circumstances: personal: obesity, disability; mental health; dementia ; injury prevention; * Life course: early years; child & adolescent; maternity; older age; etc. | * Population screening: cancer, child health, etc.; * Disease: long term conditions management & avoidable mortality; * Multi-morbidity; * Priority services: physical disability; geriatrics; learning disability; care of the dying; * Mental Health: CAMHS; Adult; Old age. |
| **Social, Economic & Cultural Determinants** | | |
| **Health Inequality Reduction** | | |
| **Population Health Surveillance & Intelligence** | | |

**Conclusion**

Developing a new strategy for Public Health in Scotland should be more than simply selecting a set of topic areas for public health action.

It needs to be a comprehensive declaration of the overall approach to the delivery of public health outcomes, in which a set of priority areas for action must be articulated to allow effective targeting of the specialist, practitioner, and wider public health resources / capacity.

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