

NHS Greater Glasgow and Clyde

NHS Board Meeting

20 December 2016

Board Paper No: 16/77

Director of Public Health

Moving Upstream

Proposal for NHS Greater Glasgow and Clyde to establish a Public Health Committee

Recommendation:

The NHS Board is asked to:

- i) Approve the establishment of a new standing committee of the NHS Board on Public Health;
- ii) Approve the proposed remit of a Public Health Committee; and
- iii) Approve the proposed membership of the Public Health Committee.

A Introduction

The role of NHS Greater Glasgow and Clyde is to improve the health of its residents by advocating and acting to reduce premature mortality, increase healthy life expectancy and reduce inequalities in both. The factors that create and sustain health are multi-fold with the provision of the highest possible standard of health and social care being but one. It is therefore essential that public health efforts also include a strong focus on the social determinants of health. This will necessitate effective joint working with partners and communities but there is also much that can be achieved within the Board's immediate influence. This paper makes the case for a dedicated standing committee of the NHS Board to oversee and lead the public health efforts of the Health Board.

There is a steep gradient in health outcomes across communities in Greater Glasgow and Clyde. Although overall the health of our population is improving, we still have relatively higher rates of premature mortality and morbidity than other parts of Scotland. The health of our more deprived communities is not improving as quickly as that of our more affluent communities. Inequalities in resource and power (including for some, increasingly, a lack of basic necessities such as food and fuel) are our greatest public health challenges. Much of the poor health in our population is due to these inequalities. Alcohol and tobacco consumption, physical inactivity, lack of a healthy diet and lack of mental wellbeing are some of our pressing intermediate causes of ill health. They require population level interventions to prevent their occurrence as well as health improvement programmes such as weight management or brief interventions at an individual level.

Our commitment must be to protect the population from serious health threats and to help people live longer, healthier and more fulfilling lives. We must improve the health of everyone in Greater Glasgow and Clyde but we must pay particular attention to providing services proportionate to need to ensure we reduce the inequitable gradient in health outcomes.

B What is public health?

Public health is the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society. Some key features help to distinguish a public health approach from other approaches to improving health and wellbeing, such as those delivered through personalised health and care. Based on the definitions used by the Faculty of Public Health and described in the recent national review of Public Health, we can describe public health as:

- a. Being *population based* – concerned with the factors that make populations (e.g. communities, cities, regions, countries) healthier or unhealthier;
- b. Emphasising collective responsibility for health, its protection and disease prevention – through *the organised efforts of society*;
- c. Recognising the role of the state, and of *the underlying socio-economic and wider determinants of health and disease*, including the distribution of power, resources and opportunities within and across populations; and
- d. Involving *partnership* with those who contribute to the health of current and future populations.

C NHS Greater Glasgow and Clyde as a public health organisation

A Public Health Organisation is one that, in all its thinking, policies and actions, places the highest priority on improving health and reducing inequalities in health. It adopts a population focus and has an understanding of the factors that influence the health of the population as a whole. It has health improvement as its key function, and also as the unifying concept for all its activities and component parts. To achieve this, the organisation needs to be both orientated and skilled towards delivering population health improvement.

D The Challenge

There is a constant pull towards the work of the Board being dominated by hospitals, health care and illness. Demand pressures and financial pressures have resulted in Board business and attention being focused on Acute Care. While this is appropriate and certainly understandable, the risk has been that Public Health receives less attention and that the NHS Board's vision to be a public health organisation is not fulfilled. It is vital that NHS Greater Glasgow and Clyde sends a clear message that a sustained emphasis on prevention, early intervention and health promotion is required to improve health for all in Greater Glasgow and Clyde.

E Proposal to establish a Standing Committee on Public Health

The NHS Board has a detailed set of governance arrangements to support the business of organisation. In June and August this year, the Chair discussed with Members the effectiveness of the current governance and Committee arrangements and whether there were any gaps in corporate governance which needed to be considered in order to ensure all aspects of the NHS Board's business was being conducted appropriately and to Member's

satisfaction. At that time the priority was the establishment of Clinical & Care Governance Committee and a Finance and Planning Committee.

For NHS Greater Glasgow and Clyde to be able to operate truly as a public health organisation will require a shift in emphasis as well as strong effective leadership on public health at Board level. This can also strengthen the Board's efforts to reduce future finance and demand pressures by maintaining a strong focus on improving population health including upstream efforts to address the social determinants of health.

The establishment of a new standing committee with a remit to promote public health and oversee population health activities with regular feedback to the full Board will ensure that the priorities of the Board do not get skewed by the urgent over the important and that we develop a long term vision and strategy for public health.

F Potential opportunities and risks of this proposal

The opportunities of establishing a standing committee for Public Health are as follows:

- Leadership of development of a Board Public Health strategy;
- Translation of the wealth of information and research on population health into practical action and outcomes;
- Coordination of public health efforts of the corporate public health directorate and Integrated Joint Boards (IJBs) health improvement teams; and
- Increased awareness and knowledge of Board members about public health.

The risks associated with the establishment of a new board committee are as follows:

- Limited impact because IJBs and community planning partners have a greater influence in and responsibility for the social determinants of health that must be addressed to improve health and reduce health inequalities;
- Increased bureaucracy to service a board committee when resources are limited;
- Less attention given to public health at full NHS Board meetings as it is assumed that business already dealt with;
- Excessive attention on lifestyle factors rather than the broader determinants of health; and
- Additional work for Non-Executive Board members.

These risks can be mitigated by an effective committee working closely with IJBs and community planning. There would also need to be a reduction in membership of other Board committees to ensure the workload for non-Executive members is manageable.

G Terms of Reference

- To consider the public health priorities for NHS Greater Glasgow and Clyde;
- To review the development of a Strategic Plan for Public Health and monitor its implementation through regular progress reports and review of intermediate measures and long term outcomes
- To ensure that public health strategic planning objectives are part of the Board's overall objectives, strategic vision and direction;
- To support the Board in taking a long term strategic approach to the health of the population;
- To review the development of the Board's Public Health Directorate's Annual Work-plan across the 3 domains of Health Protection, Health Improvement and improving the quality of Health Services;
- To undertake scrutiny of individual topics/projects/work-streams to promote the health of the population, including NHSGGC staff;
- To oversee the funding allocated to public health activities by the Board;

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- To support the Directorate of Public Health in its advocacy role with stakeholders, partners, national bodies and Governments in promoting health;
- To provide the Board members who are part of IJBs with information and evidence to promote public health; and
- To ensure appropriate links to other key work of the Board such as Realistic Medicine, Clinical Services Strategy and Child Health Services.

H. Membership

- 5 Non-Executive Board members, one of whom is the Chair;
- Director of Public Health;
- Head of Health Improvement;
- 2 Consultants in Public Health Medline;
- 2 Chief officers of IJBs;
- Director of Glasgow Centre for Population Health; and
- Representative of Health Scotland.

I. Accountability

The Public Health Committee will be accountable to the NHS Board for its performance and effectiveness in accordance with its remit and will submit its Minutes to the NHS Board for information.

Conclusion

The NHS Board is asked to give consideration to the recommendations on Page 1 of this paper.

Author Linda de Caestecker
Job Title Director of Public Health
Tel No01412014623
Date 10 November 2016