

NHS Greater Glasgow & Clyde



NHS BOARD MEETING

Linda de Caestecker
Director of Public Health

21st August 2018

Paper No: 18/36

Public Health Strategy

Recommendation:-

The Board are asked to approve the Public Health Strategy, *Turning the Tide through Prevention* and the accompanying summary document.

The Board are asked to note the next steps in developing a monitoring framework and engagement strategy for the strategy.

Purpose of Paper:-

The Board's corporate objectives include the development of a Public Health Strategy. This has been taken forward through the Public Health Committee and the final version with a public-facing summary has now been agreed by the committee.

This will be an evolving strategy as it will be further developed in joint working with community planning partnerships and other stakeholders.

Key Issues to be considered:-

Any Patient Safety /Patient Experience Issues:-

Engagement with communities is a key aspect of the strategy.

Any Financial Implications from this Paper:-

None at present.

Any Staffing Implications from this Paper:-

None at present.

Any Equality Implications from this Paper:-

Importance of recognising the needs of high risk population groups for poor health.

Any Health Inequalities Implications from this Paper:-

A major strand of the strategy is addressing health inequalities.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

No.

Highlight the Corporate Plan priorities to which your paper relates:-

Development and implementation of a Public Health Strategy.

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How Can We Turn the Tide on our Population's Health?

There are over a million of us living in the Greater Glasgow & Clyde area - a fifth of the Scottish population.

Life expectancy across Greater Glasgow & Clyde varies widely and our healthy life expectancy - the number of years we can expect to live without any life-limiting illness - is lower than the rest of Scotland. These health inequalities are unjust and preventable.

We want to narrow this gap and bring our population in line with the rest of the country. However, while the NHS has a vital role in keeping people healthy and supporting them when they become ill, we know that what's going on in people's lives has the biggest impact on their health.

Social issues such as poverty, housing, education, stigma and discrimination all affect our health & wellbeing. It is therefore essential that the NHS works with other organisations and communities to tackle the underlying causes of ill health.

By understanding and preventing risks to our population's health we can turn the tide and increase the number of healthy years we can expect to live.





Prevention is better than the cure

NHS Greater Glasgow & Clyde has just published a Public Health Strategy which highlights our commitment to making prevention a priority.

We want to prevent ill health from happening by helping to create an environment which makes healthy choices easier and supports health and wellbeing through local services.

We know that the earlier we can get involved in supporting people's health the better. Local and national research also helps us focus our activities where they will have the greatest impact.

For Example - Becoming smoke-free

With the numbers of people smoking in NHS Glasgow and Clyde higher than the rest of Scotland, reducing smoking in the population is a priority.

Our Quit Your Way services are designed to make it easy for people to get help and advice on stopping smoking and are located in pharmacies and community venues. They provide support over a number of weeks combined with stop smoking medication, which has been shown to be the most effective way to quit.

By investing in stop smoking services we can have an immediate effect on an individual's risk of developing a smoking related disease as well as their quality of life. Reducing the overall number of people who smoke is also the most effective way of preventing children from taking up smoking.

Tackling inequalities in health

There are huge differences in people's income, health and quality of life across Greater Glasgow & Clyde. Changes to the welfare benefits system have had a profound impact on people's lives and have come at the same time as low economic growth, rising unemployment and increasing levels of personal debt.

The challenges we face are very different from when the NHS was created 70 years ago. We have specific concerns about particular groups such as children in low-income families, lone-parents and frail, isolated older people. We are determined to tackle these issues head on and work with communities to find solutions.

To reduce the differences in our population's health, we must deliver services that take account of people's lives. This means ensuring that people have equal and fair access to all of our services. It also means putting people and families at the centre of their care and treating them with dignity and respect.

For Example - Putting Children First

One in three children in Greater Glasgow & Clyde live in poverty.

We know that poverty can directly affect a child's development, as money affects our ability to provide nutritious meals, books and toys for learning and opportunities to be physically active and socialise. Reducing child poverty is therefore a priority if we are to improve health.

Poverty is caused quite simply by low incomes and high costs of living and 70% of children in poverty live in working households. We are working with partner organisations to increase incomes and reduce costs for families living in Greater Glasgow & Clyde. For example, we are ensuring our staff understand how poverty affects health and are confident to ask patients about money worries, referring them onto services which can provide advice and support.

New ways of working

Tackling the social issues that affect people's health means that the NHS must work across organisational boundaries. By working effectively with other organisations, such as health and social care partnerships, local authorities, the government and voluntary and community groups, we can deliver services for the right people at the right time and in a way which meets their needs.

This focus on joint working is at the centre of the new plan for public health. Working together, we can influence the underlying causes of ill-health.

For Example - Preventing domestic violence

Police records for 2015-16 showed that the highest number of reported incidents of domestic abuse within Greater Glasgow & Clyde took place in West Dunbartonshire. It was estimated that 1 in 10 children in the area were adversely affected.

NHS Greater Glasgow & Clyde worked with West Dunbartonshire Health and Social Care Partnership to gather evidence on what action could be taken to reduce domestic abuse.

Recommendations are now being taken forward by a group of local partners which will strengthen the support for victims and apply measures to prevent domestic violence. They also aim to recognise and address the impact of violence on women and children.





The 'Big Six' Actions

- 1 Understand the health needs and experiences of our population so we can work with our partners to address them**
- 2 Tackle the causes of poor health which lead to health inequalities such as child poverty and education; lack of employment and job security; access to public services; insufficient housing and challenging personal circumstances**
- 3 Promote health and wellbeing at all life stages, recognising the importance of a healthy start in life for all children, the impact of mental health on physical health, the importance of self care in reducing the impact of disease and healthy ageing**
- 4 Affect the causes of poor health which can be changed by creating a culture and environment supportive of health and wellbeing, so that people can easily make healthy choices with support from health and wellbeing services within our communities**
- 5 Improve health services by ensuring they are effective, accessible and fair, providing a positive patient experience**
- 6 Protect the public's health from environmental, infectious and other potential risks**

“ Our population's health truly is everyone's business, which is why our plans will evolve as we engage with our partners and communities over the coming months and years.

From clean water in the 19th Century to the smoking ban in 2006, working together across boundaries has achieved impressive results.

The challenges in the next decade include improving mental health, increasing the number of healthy years we live and creating the right conditions for positive health and wellbeing for all. ”



Linda de Caestecker,
Director of Public Health

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.

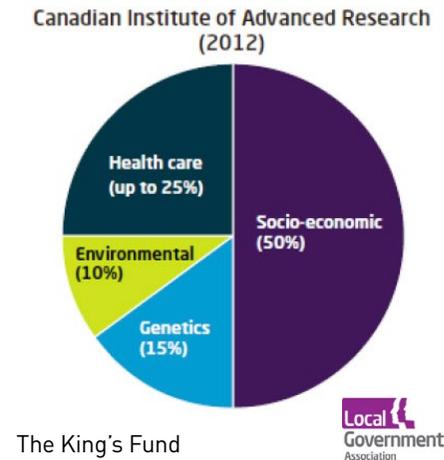
Investment to predict and prevent risks to health can reduce the burden on the NHS and society, support resilient communities and increase healthy years lived. Through discussions at the Board's Standing Committee on Public Health, Health and Social Care Partnerships (HSCPs) and Community Planning Partners, 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 NHSGGC 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

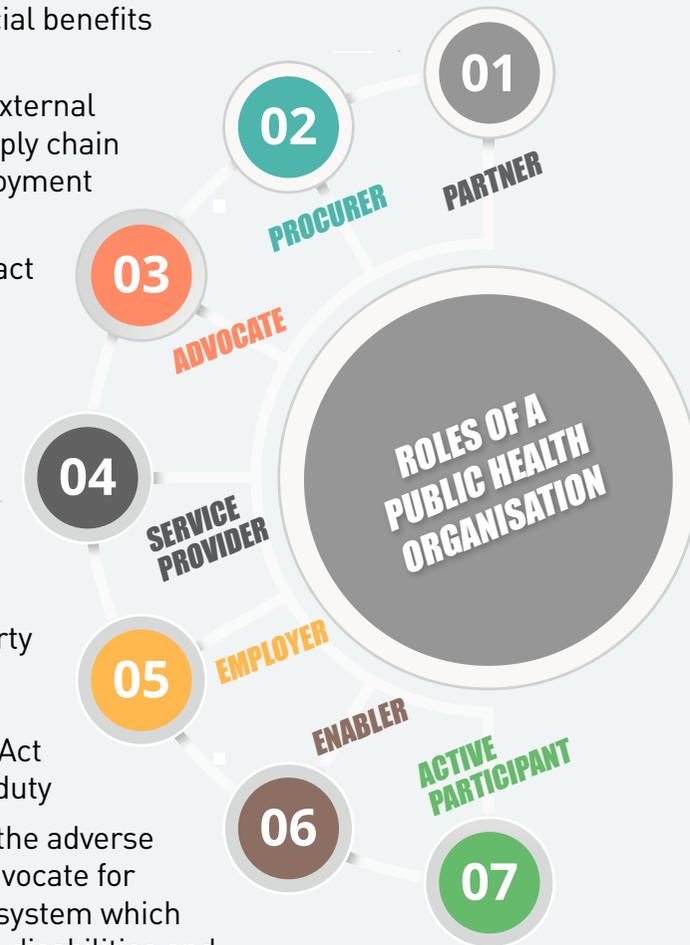
- to meet the ambitions of Public Service Reform, for example by supporting the application of the Community Empowerment (Scotland) Act 2015 to improve mental and physical health
- to routinely involve third sector partners alongside other public services in planning and delivering services,
- to play 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 NHSGGC 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"> • Promotion of Mental Health and Wellbeing through the delivery of actions identified in the DPH Report 2017 	<ul style="list-style-type: none"> ✓ Mental Health and Wellbeing
<ul style="list-style-type: none"> • Contribution to reduction in child poverty through the production of joint Child Poverty Action plans with Local Authority partners 	<ul style="list-style-type: none"> ✓ Poverty and Inequality
<ul style="list-style-type: none"> • Review health improvement programmes for Maternal and Infant Nutrition; Physical Activity; Smoking Cessation and Addictions 	<ul style="list-style-type: none"> ✓ Diet and Physical Activity ✓ Substance Misuse
<ul style="list-style-type: none"> • Delivery of the Vaccination Transformation Pre-school Programme 	<ul style="list-style-type: none"> ✓ Early Years and Children
<ul style="list-style-type: none"> • Reduce inequalities in uptake of screening programmes through targeted intervention plans 	<ul style="list-style-type: none"> ✓ Poverty and Inequality
<ul style="list-style-type: none"> • Strengthen links to support community planning activities and engagement with communities and third sector organisations 	<ul style="list-style-type: none"> ✓ Community and Place

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 ¹	% meeting CMO recommendations	62%	62%	2012	2012	61%	64%	2016	2016
Health Risk Behaviour ²	% 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

World Health Organisation Regional Office for Europe (2014) 'The case for investing in public health'. World Health Organisation.

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Frank et al (2015) 'Seven Key Investments for health equity across the lifecourse' SocSciMed 140: 136-146