



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
25 FEBRUARY 2020

REPORT ON: PUBLIC HEALTH STRATEGY FOR NHS TAYSIDE 2020-2030 -
CONSULTATION

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB9-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Integration Joint Board of NHS Tayside's ongoing consultation on the draft Public Health Strategy for Tayside 2020-2030 and arrangements for responding to this consultation.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the publication of the draft Public Health Strategy for Tayside 2020 – 2030 and the associated consultation arrangements (section 4.1).
- 2.2 Note the arrangements that have been progressed to gather feedback on the draft strategy from across stakeholders within the Health and Social Care Partnership (section 4.2).
- 2.3 Instruct the Chief Officer to submit a consultation response on behalf of the Integration Joint Board by the deadline date of 28 February 2020.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 NHS Tayside has published its draft Public Health Strategy for NHS Tayside 2020-2030. The draft strategy has emerged from ongoing engagement with Community Planning Partnerships and Health and Social Care Partnerships across Tayside. The development of the draft strategy has also been supported by the creation of a new Public Health Committee for NHS Tayside during 2019. NHS Tayside is seeking the views of stakeholders regarding the draft strategy through an online consultation questionnaire, with a deadline date for submissions of 28 February 2020.

4.2 The draft strategy acknowledges the collective leadership and commitment of Health and Social Care Partnerships in co-creating the conditions needed to realise significant improvements in the health and wellbeing of local people. It is therefore important that stakeholders from across the Health and Social Care Partnership actively contribute to the ongoing consultation. Arrangements have been put in place to ensure that the draft strategy and associated consultation questions have been shared widely across the Partnership's workforce and strategic planning groups, inviting feedback to be provided to the Strategy and Performance Team. From these individual and group responses a composite response will be developed

for submission on behalf of the Integration Joint Board. This submission will also take account of discussion following the presentation from the Director of Public Health at the Integration Joint Board on 25 February 2020.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Directions Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 25 February 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

WORKING TOGETHER FOR THE COMMON WEAL¹

IMPROVING WELLBEING - A PUBLIC HEALTH STRATEGY FOR NHS TAYSIDE

2020-2030

¹ Old Scots to describe the concept of happiness, health and safety of all of the people of a community or a nation

ACKNOWLEDGEMENTS

NHS Tayside Public Health Directorate has used the excellent and recently published Public Health Strategy from NHS Greater Glasgow and Clyde as a framework for the development of our own Strategy. We are grateful to colleagues from NHS Greater Glasgow and Clyde for their permission, and acknowledge this as an early example in public health of a 'Once for Scotland' approach.

The Strategy has also emerged from our ongoing engagement with our Community Planning Partnerships and Health and Social Care Partnerships. The Partnerships play a leading role in shaping and articulating a compelling vision through their ongoing engagement with local communities. We are indebted to them for their continued collective leadership and commitment, to co-create the conditions needed to realise the necessary radical step change in the health and wellbeing of local people.

The creation in 2019 of a new Public Health Committee for NHS Tayside has provided added stimulus and a welcome profile for public health. We are grateful to committee members for their ongoing commitment, energy and support.

There is a wealth of specialist public health expertise within NHS Tayside's Directorate of Public Health. As Director of Public Health, I am deeply grateful for their support and the contribution they have made, not only to the development of this Strategy but, to the impact they have had in their specialist fields and for their readiness and willingness to embrace change.

FOREWORD

The goal of economic policy should not just be about how wealthy a nation is, it should also be about how happy and healthy the nation is - our collective wellbeing². In effect, this means working together for the common weal - for the good of the whole community. This Strategy focuses on improving wellbeing and the common weal and is intended to complement the work of the Fairness Commissions and the steps they are taking to eradicate poverty.

Imagine living and working in a different Tayside, one where children grow up to be the best they can be and everyone is able to live longer healthier lives. Imagine living somewhere where you really belong, where community spirit and participation is at the heart of local life, where we nurture our young and, where we include our older citizens recognising their unique wisdom and insights. Imagine living in a community where there is no stigma or coercion, where we value healthy relationships, where we value, understand and respect one another and volunteering and mutual support is the norm. This could be our common weal.

Imagine truly valuing good health and wellbeing, believing in our own abilities, and our ability to meet the challenges ahead of us. Imagine living in a place where it is easy to make the right choices, and we are able to access the support and tools we need to stay healthy or successfully improve our own health - a smoke free environment and clean air, active travel and healthy food are the norm. Imagine there is access to support in the community aimed at improving health and wellbeing, where 'social prescribing' is an established part of our primary care services, and where we pick up and act on early symptoms. Imagine that we have completely embraced the ethos of *Realistic Medicine* including where individuals are at the centre of decision making and are truly equal partners in determining their own care. This could be our common weal.

Imagine a place where we all work together making prevention and early intervention the default for everything that we do. Imagine that we had not only reversed the trend in obesity-related type 2 diabetes, but eradicated it and stopped the unnecessary damage - amputation, blindness and heart disease and stroke - it causes. Imagine that our cancer survival rates not only mirror those of the best, but that we have dramatically reduced avoidable cases. Imagine there are no new transmissions of Human Immunodeficiency Virus (HIV). This could be our common weal.

Imagine a health and social care system where we design and develop all of our services alongside people and, the insights of people with lived experience add to our application of the scientific evidence to improve prevention, treatment and care. Imagine a system that bases its investment decisions on the benefits for longer term health and places a high value on the return on that investment: investing to save and deploying its people to use every healthcare contact as a health improvement opportunity. This could be our common weal.

Imagine that we had fully realised the potential of the Tayside Health Equity Strategy *Communities in Control* where true wellbeing is experienced by a far greater proportion of our population and, the widening health inequalities we see around us are instead, narrowed.

All of this should be our common weal.

The problems we face are often considered too complex or inevitable. Whilst this alternative future may seem an impossible or a fantastical, utopian ambition, there are real examples of where there has been this level of transformational change such as the world renowned work of the Violence Reduction Unit in turning around knife crime. The Strategy provides a

² First Minister TED Talk, July 2019 <https://firstminister.gov.scot/fm-delivers-ted-talk/>

number of local case studies where we have already begun to show, and in some instances in a very dramatic way, just what can be achieved when we apply a public health approach and, where there has been sustained collective action. I believe every single part of this vision is achievable with public, professional, organisational, political and media will. Scotland has one of the most conducive policy arenas in the developing world. Many of the necessary enablers are in place: maturing Health and Social Care Partnerships and Community Planning; newly formed Public Health Committee; Public Health Reform; and a clear set of national priorities.

This Strategy aims to reignite *Communities in Control* and achieve its widespread adoption across the system. However, we need to understand better why it was much admired and emulated elsewhere, yet only partially implemented locally. Perhaps some of the answer lies in the culture of the NHS in Scotland which is over reliant on tackling existing problems rather than preventing them from happening. The significance of these points and the urgent need for a radical change in approach have been strongly made by the Auditor General for Scotland³ and the Health and Sport Committee of the Scottish Parliament⁴.

This also applies to how we must respond to public health emergencies. The Strategy will complement our collective response to the problem of substance use and the escalating number of drug-deaths and the challenge, laid down by the Dundee Drugs Commission, as well as the whole system approach to radical transformation of mental health being advocated by the Mental Health Alliance.

The Strategy has emerged from our ongoing engagement with our Community Planning Partnerships and Health and Social Care Partnerships. The Partnerships play a leading role in shaping and articulating a compelling vision through their ongoing engagement with local communities. This Strategy aims to further enable the delivery of these ambitions as well as offering a realistic solution to the unprecedented challenges that will continue to face the NHS in Tayside. NHS Tayside has many plans, many improvement programmes and many strategies. This Strategy aims to build on these to provide a single and coherent public health strategy for NHS Tayside.

This is not a document to simply languish on a shelf. I want the Strategy to be dynamic and a catalyst that changes our organisational attitudes, approaches, behaviours and habits. I want it to provide the inspiration and courage to accelerate and spread our learning from public health successes to achieve our collective ambition of a common weal for the people of Tayside.

Dr Drew Walker
Director of Public Health

³ Audit Scotland. The NHS in Scotland. 2018

⁴ https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/HSS052018R10.pdfriament report

1. INTRODUCTION

In June 2018, NHS Tayside made a far reaching commitment to adopt a public health approach to all our planning⁵ and to prioritise public health by bringing prevention and early intervention to the fore of its agenda. This Strategy seeks to describe the way in which specialist public health will contribute and enable the whole organisation to deliver on this commitment, and play its full part in the ambitions of our various partnerships.

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 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 services⁶. They are associated with income, social class, education or deprivation (Figure 1) and therefore collaborative working is essential to address the underlying causes of ill-health.

Figure 1: Estimated impact of detriments on health status of the population
(Source: Canadian Institute of Advances Research, Health Canada, Population and Public Health Branch AB/NWT 2002)



Investment to predict and prevent risks to health can reduce the burden on the NHS and society, support resilient communities and, increase healthy years lived⁷. Discussions within the Health and Social Care Partnerships and with community planning partners has reinforced that there are substantial public health ambitions already set out in the Local Outcome Improvement Plans and Commissioning Plans. This means that this Strategy needs to focus on how NHS Tayside adds value and maximises its contribution, including that of specialist public health, to realising these collective goals.

The **National Performance Framework**, first developed in 2008 sets out Scotland's vision of national wellbeing. New National Outcomes were created in 2018, including outcomes on human rights, fair work, poverty, and a re-focussing on outcomes for children.

⁵ Transforming Tayside: Working Together to Improve Health and Shape Health and Social Care for the Future, NHS Tayside Board, 28 June 2018.

⁶ Buck and McGuire (2015) Inequalities in life expectancy Changes over time and implications for policy; The Kings Fund.

⁷ WHO Europe (2014). The case for investing in public health.

Figure 2: Scotland's National Performance Framework

Scotland's National Performance Framework

Our Purpose, Values and National Outcomes



nationalperformance.gov.scot



The Framework should drive and underpin all aspects of the work of Community Planning Partners.

The **Fairer Scotland Duty** that came into force in Scotland in April 2018 requires public bodies, including NHS Boards and Integrated Joint Boards, to actively consider how they can 'reduce inequalities of outcome caused by socio-economic disadvantage' when making strategic decisions. **It puts tackling inequality at the heart of public sector decision making.**


What has become clear is that partners want to have a greater understanding of what NHS Tayside will do to enable Community Planning Partnerships and Health and Social Care Partnerships to realise their public health ambitions. This Strategy aims to describe the explicit contribution that NHS Tayside will make as part of the partnerships. The Strategy also aims to provide clarity on the specific role of specialist public health to enabling the evolution towards a truly public health organisation that focuses on population health outcomes as part of a whole system.

NHS Tayside has a long history of the application of improvement science, and more recently its intent to modernise clinical services as part of its ambitious transformation programme. We are at a defining moment for health and social care. This Strategy sets out **why we need to take a public health approach, why it matters for the sustainability of the whole system and, how we will organise ourselves** to provide the necessary support and intelligence to supercharge the gains made through continuous improvement by better understanding the public health challenges and identifying collective actions. These are the critical elements, together with sustained distributed leadership that have driven the transformation that has made Tayside a global leader in the efforts to eliminate Hepatitis C (Case study 1 – please refer to [Appendix 1](#) to readable version). This demonstrates that we can fundamentally change the health of our population, and we now need to inform our learning and underpin all our future programmes.

Case Study 1 – Achieving transformational outcomes

Hepatitis C

Towards micro-elimination in Tayside



“Scotland, however, is ignoring conventional wisdom and making a bold push to control a virus that may be one of the biggest ticking time bombs in medicine.”
Wall Street Journal


Hepatitis C (HCV) is a blood borne virus that can cause serious and fatal liver damage. 90% of infections are in people who have injected or are currently injecting drugs.

Over 95% can be cured

within 12 weeks

There are considerable additional benefits beyond cure including a significant reduction in drug related deaths, reduced criminality and increased engagement in recovery orientated care.¹

Estimated prevalence in the population is 0.55 - 0.6%




Untreated each index case will result in between 7 and 30 new infections over a 10-year period.

20% of people

remain undiagnosed posing an ongoing transmission risk

Tayside: Eliminating HCV by 2021?

EASL has suggested that HCV elimination targets can be addressed through micro-elimination in smaller target populations.



Tayside population 400,000 = 8% of the Scottish population

The estimated prevalent chronic population is 2183 people (April 2018). We believe that we will have eliminated HCV in Tayside within two years.

Is it working?

90% diagnosed

80% cured

Reduced prevalence in people who inject drugs from 34% in 2009 to 23% in 2018.

How much more do we need to do?


It is estimated there are a further 200 people to diagnose and fewer than 200 to treat. **To achieve WHO definition² of elimination, Tayside has fewer than 400 people to treat.**

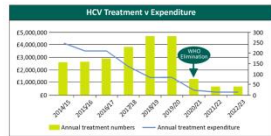
How are we achieving elimination?

1. **Find and link more people into care**
 - Maximise opportunistic testing and diversify treatment in community and addictions settings
 - Introduce widespread access to easy diagnostic tests
 - Implement proactive case-finding for those not in contact with services or lost to follow up
 - Simplify pathways of care – go where people are
2. **Rapidly scale up treatment**
 - Remove all barriers to treatment
 - Treatment as Prevention (TasP) – treat people who are currently injecting
 - Implement case finding methods – identify those with advanced disease

Can we afford it?

Treatment is highly cost effective; elimination can now be achieved at a cost that is well below recent expenditure patterns. It is cost saving.





NHS Tayside could scale up treatment, spend less and save significant money on prescribing over a 3-year horizon

It is an excellent example of applying the principles of Realistic Medicine and of preventative spend and offers the chance to reinvest in other programmes.

Disease elimination is rare

Tayside has the opportunity to rapidly eliminate Hepatitis C in our population. It's within our grasp; let's spend less, treat more, eliminate HCV and transform lives.

¹Direct Acting Antiviral Sustained Virologic Response: Impact on Mortality in Patients without Advanced Liver Disease. Hepatology, January 2018

²WHO definition of elimination is a greater than 90% reduction in prevalence

Produced by the Sexual Health and BBV Managed Care Network, NHS Tayside

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 lives⁸.

There are **three pressing public health issues that deserve more immediate and intensified action**, and where a whole systems public health approach is vital to attain a tipping point similar to that achieved in smoking. The Community Planning Partnerships have already identified the need for concerted and collective action on **substance use, mental health and wellbeing and childhood obesity**. These will be the primary focus of the Directorate of Public Health over the next three years and, will guide NHS Tayside in mobilising its assets to achieve the greatest impact.

This Strategy sets out NHS Tayside's aspiration to deliver a coordinated approach to achieving our public health ambitions over the next 10 years. It will require genuine transformational change characterised by profound and radical strategic shifts that re-orientate our health service in a new direction. Unlike 'turnaround', which implies incremental progress on the same plane, transformation implies a fundamental change of character with little or no resemblance to the past configuration. A public health approach incorporates:

- co-production
- needs assessment
- prevention
- best value and return on investment
- early intervention
- putting evidence into practice
- shifting the balance of care.

Like *Realistic Medicine* a public health approach puts people at the heart of all change and, attention to health literacy and asset-based approaches provide a resolute focus on equity.

The Strategy forms the basis for collaboration and partnership working in line with local, regional and national priorities by setting out six key elements of a public health approach that will enable a more integrated and comprehensive approach to population health. We show how our priorities meet the national priorities for public health reform. Our Strategy also includes health protection and, health and social care public health activities.

This Strategy provides a spring board to renewed discussions between the Board and Integration Joint Boards, with local authorities and Community Planning Partnerships and with Government activities to improve health in a way that reduces health inequalities in Tayside.

2. PUBLIC HEALTH CHALLENGES IN TAYSIDE

The population of Tayside currently stands at just over 400,000. Over the next 25 years, this population is predicted to increase by 4% with the over 65 years of age population increasing by 37%.

Scotland suffers from some of the poorest health and lowest life expectancy in Europe. Whilst health in Scotland has been improving over time, it is not improving at the same rate as in other European countries, and is not improving on an equal basis for all.

⁸ The Inverse Care Law: "Those in greatest need often have access to the least health care services"

In Tayside life expectancy is ranked 9th out of 14 NHS Boards (with GGC ranked 14th). The Tayside ranking has dropped 0.2% in the last year. In Tayside there is wide disparity in health between the local authority areas with the following rankings out of 32 areas:

- Perth and Kinross ranked 6th
- Angus ranked 14th
- Dundee ranked 30th

Life expectancy varies across the Board: male life expectancy in the (15%) most deprived population is 68.8 years while in the (85%) least deprived population it is 80.4 years, a difference of 11.6 years; for females, life expectancy ranges from 76.3 years to 83.1 years, a difference of 6.8 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 Tayside i.e. years of life an individual lives without any life-limiting illness is slightly higher than the Scottish average and there is an overall upward trend over time. However, there are considerable variations linked to gender and socio-economic deprivation. Females in Tayside have a slightly higher healthy life expectancy at birth than males but spend a smaller proportion of their lives in good health because of their higher life expectancy. These differences are greater in areas of deprivation. In Dundee City in particular, male healthy life expectancy is 5.8 years lower than the Scottish average and, in spite of their lower life expectancy compared to Scottish males on average, they will spend a longer period in poor health.

Inequalities in income, health and quality of life persist and in some parts of Tayside 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. In Scotland, a quarter of all children are living in poverty, with 70% of those living in a household where at least one adult is working. In Tayside, levels of child poverty are lower than in Scotland as a whole, but highest in Dundee and least in Perth and Kinross. There is very strong evidence that child poverty has a very significant impact on the health and wellbeing of affected children, and that these effects persist into adulthood.

There are also growing concerns about mental health and wellbeing across all age groups and about the impact that substance misuse is having on individuals, families and the wider community.

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, preventative services and support for the right people at the right time and in the appropriate way.

“Overall, our evidence base and a large body of international health evidence, emphasises the critical importance of addressing poverty. Poverty is the most ubiquitous and persistent risk factor for ill health; so a commitment to improving population health and to reducing health inequalities inherently means a commitment to reducing or eradicating poverty.”⁹

⁹ Glasgow Centre for Population Health, 2019

3. WHY WE NEED TO TAKE A PUBLIC HEALTH APPROACH AND WHY IT MATTERS FOR THE SUSTAINABILITY OF THE WHOLE SYSTEM

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 and 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 government 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 effectiveness of many lifestyle changes, for example stopping smoking, being a healthy weight or being more physically active is strong. They can all reduce use of the NHS and other public services as well as promoting wellbeing and prolonging healthy life. However, it can be challenging for people to adopt healthy lifestyles unless we first improve the circumstances in which they live and work, changing environments to support healthy choices and supporting people in decisions about their health.

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 preventative approaches. Many agencies and organisations affect health through their influence on important wider factors such as housing, transport, education, equality and welfare and social support. NHS Tayside's Public Health Directorate acts to improve the health and wellbeing of populations through intelligence led preventative action on a range of population health determinants. We work with community planning partners, local communities and many different services and professionals to improve the health of the population and tackle inequalities. We also collaborate with academia across the UK to commission as well as participate in research, stimulate fresh approaches and, support change processes to improve health and wellbeing and tackle inequalities. Public health specialists contribute to undergraduate teaching and wider capacity building through a range of teaching programmes for professionals across health and social care and beyond.

The determinants of health mean that public health works across social, legislative, community and individual change programmes. There are three domains of public health, with health equity and health intelligence being the common thread underpinning all three domains.

- **Health Protection** encompasses a set of activities within the Public Health function that involve: ensuring the safety and quality of food, water, air and the general environment; preventing the transmission of communicable diseases; and managing outbreaks and the other incidents which threaten the public health.
- **Health Improvement:** assessing and tracking the health status of populations and devising and applying evidence-informed 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 support the best treatment outcomes, for example detect cancer early and 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)¹ 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. **NHS Tayside invested in 2019 approximately £4.3m in specialist public health services, which equates to**

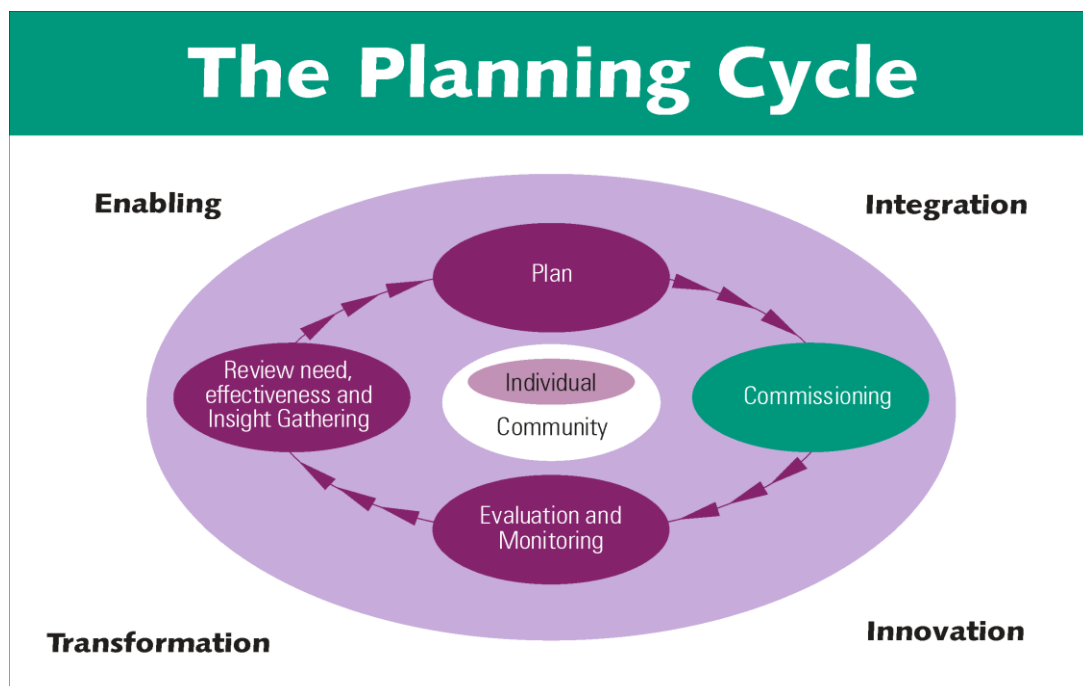
0.43% of the NHS budget. This disparity in investment is starkly illustrated in the way in which we apportion our resources on type 2 diabetes (T2D). T2D and treating its complications accounts for 9% of the total NHS spend, but only 0.03% of which is devoted to prevention, despite the fact that T2D is a preventable condition¹⁰.

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 successive reports and further highlighted by the Auditor General. 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^{11 12}. 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 World Health Organisation (WHO) report¹³ 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 inform the priority programmes and actions of this Strategy.

Tayside 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 and in the work to eliminate Hepatitis C. Where we have been successful, it is when we have adopted a public health planning cycle to underpin a whole systems approach (Figure 3).

Figure 3: The Public Health Planning Cycle



¹⁰ Buck and McGuire (2015) Inequalities in life expectancy Changes over time and implications for policy; The Kings Fund

¹¹ Frank et al (2015) 'Seven Key Investments for health equity across the life course' SocSciMed 140: 136-146

¹² PHE's 2014 report with the IHE on 'Understanding the economics of investments in the social determinants of health'


¹³ <http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2015/the-case-for-investing-in-public-health>

At a time when public sector spending is under increasingly significant pressure, we will be challenged if this change in approach is affordable. The converse is true. Case study 2 (please refer to [Appendix 1](#) for a readable version) on reducing teenage pregnancy exemplifies all the elements required in a whole system, or public health approach to address a complex and deep-rooted and intergenerational problem. Teenage pregnancy rates: a key indicator of inequality have dramatically reduced in Tayside. The rate of decrease has been greater than reported anywhere else in the UK, and not only contributes to improved health and social outcomes for the young women, but also delivers in an estimated £800,000 - £1M saving each year in avoided costs of maternity and abortion care. **Cumulatively, even at the lower estimate this will have saved £9.6 million in avoided costs in the 12 years to 2019.** The success of the programme demonstrates the impact of adopting a public health approach and the application of the planning cycle to sustain action over time.

We cannot afford not to take a public health approach.

Case Study 2 – Applying a whole system approach to deep-rooted problems

Reducing Teenage Pregnancy in Tayside




Ann Eriksen, Felicity Snowsill, Oana Ciocanel, Christine Bird, Tracey Stewart

Collaborating for Excellence: The Managed Care Network (MCN) approach

Introduction

Scotland continues to report high rates of teenage pregnancy.¹ Tayside and Dundee City have consistently reported amongst the highest rates in Western Europe, with rates in under 16's in the city in 2006/8 twice those of the national average.

There is a strong correlation between teenage pregnancy and deprivation.

Whilst teenage pregnancy can be a positive experience for individual young women and young parents, particularly in the later teenage years, it is strongly associated with long-term adverse health and social outcomes for the young women and their children.

Aim

We set a number of short, medium and longer term objectives to reduce teenage conception by:

- 20% in under 16s by 2013
- 25% in the under 20s living in the most deprived communities by 2017
- 50% by 2020 among under 18s who are looked after and accommodated or young people leaving care

Methodology

The MCN brings together all the key agencies that have a role in reducing teenage pregnancy. It adopts a whole systems approach to planning and commissioning interventions and services.

The Commissioning Cycle



Given the very high rates of teenage conception in Dundee, we wanted to establish if there were local differences in the contributory factors described in the international evidence base. Between 2009 and 2011, we carried out primary research with young people, young pregnant women, young parents and professionals to understand their perspectives. At the same time, we carried out a systematic review of the emerging evidence base. The findings informed the development of a logic model which has been adopted by all the partners, it advocates collective leadership and action focussed on:


- Improving early childhood experience and development
- Increasing expectations, aspirations and social capital of young people
- Enabling young people to make informed decisions about their sexual health
- Providing access to young people focussed contraception and sexual health services
- Supporting a competent workforce
- Building a strong commitment of all partner agencies

Since then action has been taken to put in place a wide range of interventions and services that are based on emerging evidence.

The key developments include:

robust real-time, localised data - critical to engaging decision-makers and enabling more effective targeting of interventions.

Capitalising on the potential of digital media to inform and engage young people - **Cool2talk** provides interactive web-based advice and counselling services and **Need2yknow** a free app that provides access to information and details how to access services and support.




Healthy Community Collaborative - an asset-based community action model, commenced in 2011 brings together professional expertise and evidence with local people's insights to identify and develop shared solutions.

Family Nurse Partnership - provides intensive support for all first time mums aged under 20 during their pregnancy and until their child's 2nd birthday.

Improvements have been made to Relationships, Sexual Health and Parenthood (RSHIP) Education with the introduction of the **3-18 RHP Framework** developed in collaboration with all three Departments of Education and Public Health, which provides practical guidance and resources for teachers and youth workers and the roll out of a **peer-education programme** in all Dundee schools. The core RSHIP programme is complemented by an annual drama workshop for all S3 pupils, health drop-ins, the **Speakeasy** parenting programme as well as tailored RSHIP for the most 'at risk' young people.

Dedicated **LINC clinics** operate in the Sexual and Reproductive Health Services for under 18s and sexual health services in community pharmacy has increased engagement with services.



Outcomes

Tayside has seen a significant reduction in teenage pregnancy since 2007. The latest published data for the year ending 31 December 2013 show rates have declined year on year. The rate of reduction was greatest in the most deprived communities with a 75% reduction in under 16's compared to 44% in Scotland as a whole. Local data to 30 September 2015 shows the overall reduction has continued.

Rates of teenage pregnancy in Dundee have reduced by 50%

Rates of teenage pregnancy in Dundee in 2013 were 50% lower than those reported for 2007 and are at the lowest level since records began. This compares with an average reduction of 34% across Scotland over the same period.

Tayside's relative performance in the context of Scotland.



Conclusions

Significant reduction in teenage conception, a narrowing in the health inequalities gap and sustained health behaviour change is possible even in an area where this has previously been a social norm.

Teenage pregnancy is complex and multi-faceted action is needed to address the underlying causes. Early intervention aimed at developing resilience and self efficacy can also address a broad range of health and social outcomes linked to multiple risk taking behaviours.

Collective leadership and strong partnership working is key to success along with a clear strategic focus, and an ethos that enables young people to co-produce interventions.

References
¹The teenage pregnancy rate is counted as the number of deliveries combined with the number of abortions.
 Teenage Pregnancy Year of conception ending 31 December 2013 Publication date - 7 July 2015, ISD

4. OUR OVERARCHING STRATEGIC AIM

The overarching strategic aim of the Strategy is for people in Tayside to **live healthier for longer - to reduce inequalities and increase life expectancy**. We need to accelerate the rate of improvement in healthy life expectancy and narrow the gap.

It is widely recognised that 'it all matters' and in order to improve public health, action is required on many fronts. Scotland has developed **six national public health priorities**, where as a people we:

- Live in vibrant, healthy and safe places and communities
- Flourish in our early years
- Have a good mental wellbeing
- Reduce the use of and harm from alcohol, tobacco and other drugs
- Have a sustainable, inclusive economy with equality of outcomes for all
- Eat well, have a healthy weight and are physically active

These priorities are not simply for public health professionals; they provide a foundation for the whole healthcare system, for other public services, the third sector, community organisations and others, to work better together. The Public Health Priorities for Scotland also commits to six key principles¹⁴:

1. **Reducing Inequalities** - Tackling health inequalities is a matter of social justice. Reducing the health inequalities which exist in Scotland will be the primary objective of our collaborative action and runs through all of our public health priorities.
2. **Prevention and early intervention** - Action on Scotland's public health priorities will prioritise preventative measures to reduce demand and lessen inequalities.
3. **Fairness, Equity and Equality** - Our approach will be based on the principles of fairness and equity, taking account of the avoidable differences in health among groups of people and providing access to the resources needed to improve health. Everyone has the right to the highest attainable standard of health and everyone should have equal opportunity to realise this right without discrimination.
4. **Collaboration and Engagement** - Effective services must be designed and delivered with, and for, people and communities. Early and meaningful engagement across organisations and with people and communities will be an essential element of action on Scotland's public health priorities.
5. **Empowering People and Communities** - We will work in a way that supports services and communities to produce the change they want to see together, and co-design the services they will use. Our goal will be to put people and communities at the heart of change.
6. **Intelligence, evidence and innovation** - Action on Scotland's public health priorities will be evidence-led. We will apply public health expertise, data and intelligence and draw on our communities' lived experience. The challenges within the priority areas will need new thinking and new solutions. Innovation, in particular in the areas of data science and technology, and the use of digital solutions will be a key tool in enabling, driving and supporting change.

¹⁴ <https://www.gov.scot/publications/scotlands-public-health-priorities/>

5. STRATEGIC SHIFTS

In order for NHS Tayside to achieve the aspirations set out in the Public Health Priorities for Scotland, we need to bring about a transformational shift in population health and wellbeing in Tayside. Key to this ambition will be action across the whole system to create the conditions for success and a focus on:

- Reducing the burden of disease through effective health improvement programmes and a measureable shift to prevention and early detection
- Reducing health inequalities by more fully implementing the recommendations of *Communities in Control* around increasing community resilience, supporting the adoption of healthier lifestyles, particularly in our more deprived areas, transforming our services so that they better meet the health and social care needs of our more deprived communities and by making the achievement of health equity more central to the purpose and policies of NHS Tayside.
- Ensuring the best start for children with a focus on early years to promote healthy development, good health, wellbeing and quality of life throughout childhood and beyond
- Promoting good mental health and wellbeing at all ages.
- Systematic use and translation of data into meaningful information that can inform health service planning and public health interventions.
- Strengthen the Board, Integration Joint Boards and our collective advocacy in our roles as public health leaders.

6. OUTCOMES

NHS Tayside needs to have a detailed delivery plan linked to each of the national public health priorities, mapped to the national performance framework and relevant national indicators as well as meaningful, programme specific outcomes.

National Indicators measure overall outcomes in terms of population health, and several are self-reported through surveys from samples that may be limited in their representation of that population. We intend to develop indicators that will align to and answer the question 'How will we know we are progressing towards the vision outlined in the Director of Public Health's foreword to this Strategy?' and each of the key programmes will therefore describe what will be different in 2021; 2024 and by 2030.

As part of the Public Health Committee's work plan, an overarching outcomes framework is being developed to ensure that we can measure and track performance, and take appropriate action to accelerate improvement when required. The outcomes framework will support and link to the performance assessment arrangements for each of the local outcome improvement commissioning and transformation plans. This will provide long term outcomes, intermediate indicators and programme specific measures.

7. OUR APPROACH AND ETHOS

The way that we work is important. What we do and how we work with partners and people with lived experience, as a whole system to co-create a culture that is focused on improving and protecting population health.

What we will do:

We will continue to 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.

We will make prevention core business of NHS Tayside and there will be a shift to prevention in all of our plans and strategies.

We will make sure our priorities are relevant to and addressed in a local context but be of a size and scale to create a population impact.

We will make sure our priorities reflect the national Public Health priorities and contribute to the outcomes within the National Performance Framework.

We will make sure 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 social justice, equality and human rights work in Integration Joint Boards and Community Planning Partnerships.

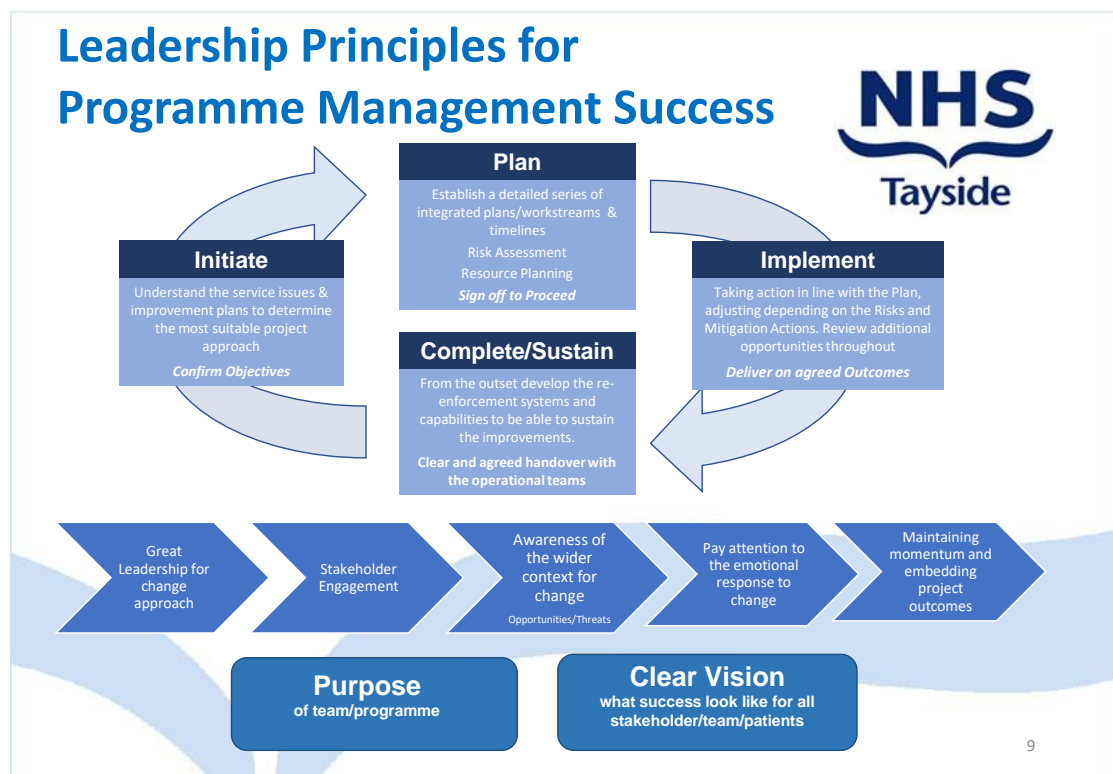
We will ensure that we adopt **Health in All Policies**¹⁵.

We will make sure that our public health workforce has the skills and capability to work with partners and the population to deliver the public health vision.

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.

We will apply a systematic approach to programme management (Figure 4) to make the most effective use of capacity and expertise to plan, deliver and monitor complex programmes of change.

Figure 4:



¹⁵ <https://www.fph.org.uk/media/1168/healthy-lives-fairer-futures-final.pdf>

How we will do it:

We will work as a whole system across Tayside to improve public health, focused 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, compassion 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 by aligning them closely to the areas and partnerships where they can have the greatest impact.

We will support actions to enhance the health and wellbeing of our staff.

We will ensure the best use of all resources including collaboration and alignment of priorities with our partners and Public Health Scotland.

Who will be involved:

We will listen to and work with our communities, citizens, service users and people with lived experience 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 further enhance capacity to address our shared priorities.

How we will organise ourselves as a public health organisation:

By working across Tayside as a whole system we are committing to becoming an exemplar public health organisation. Our roles as a public health system are:

1. 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 the third sector as equal 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 and achieve best value

2. 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 practises
- to ensure capital investments impact positively on communities
- to procure local products and services where possible

3. As an advocate for communities

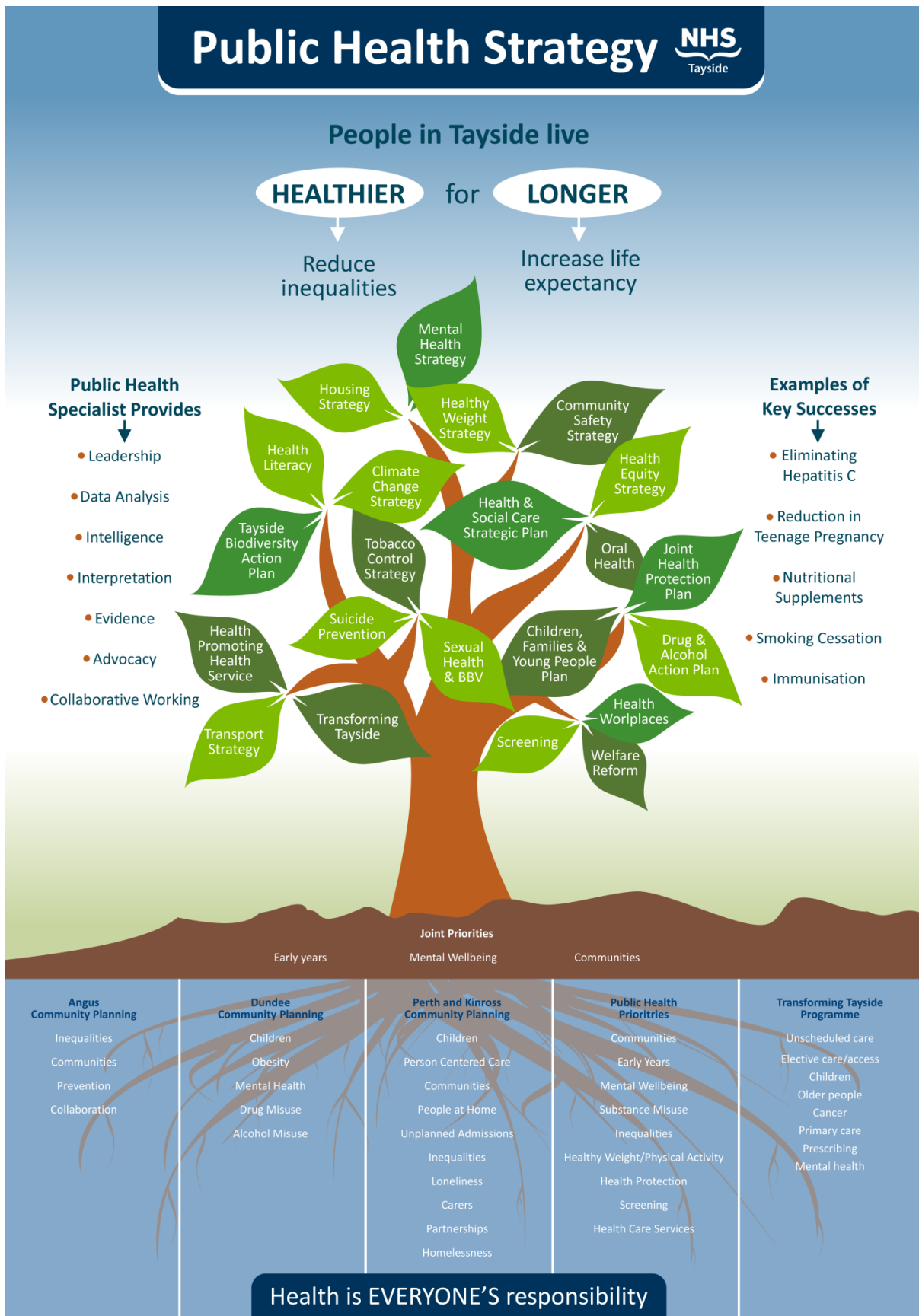
- to advocate for the inclusion of a health perspective in all aspects of social policy and advocate for progressive taxation

- 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 socio-economic duty
 - to work in partnership to mitigate the adverse impact of welfare reform and to advocate for a fair and dignified social security system that supports lone parents, people with disabilities and other vulnerable groups
 - to drive change through a strengthening of leadership and capacity building for community experience and empowerment
4. As a **service provider**
- to provide services that are person centred, accessible and inequalities sensitive
 - to address the inverse care law and provide services that are proportionate to need, and at their best where they are needed most
 - to design, deliver and transform services focused on prevention and early intervention, and that support health and wellbeing and reduce health inequalities
5. As an **employer**
- to support staff health and wellbeing, longer fulfilled working lives, fair work principles and create 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 that 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
6. As an **enabler** to empower communities
- to listen to those with lived experience and enable communities to have a real stake in the decisions made by NHS Tayside
 - to work alongside communities, in co-producing good physical and mental health and wellbeing 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
7. As an **active participant** in creating a healthy environment
- to advocate for investment in integrated transport and active travel and healthy food environments
 - to advocate for sustainable environments that are designed to support health for current and future generations
 - to work with partners to apply place-based approaches to reduce inequalities in the quality of neighbourhood environments within Tayside including access to good housing and a reduction in homelessness
 - create exemplar public health environments across the NHS Tayside estate

How we will organise ourselves as specialist public health to effectively engage with the wider system and partnerships:

The infographic in Figure 5 sets out the relationships and connections between the dedicated public health workforce, Health and Social Care Partnerships, the rest of NHS Tayside and Community Planning Partnerships. Together, we are well placed to provide evidence and data on best practise as well as its realistic application in local and specific contexts. Improved outcomes will be generated through the policies and practises 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 practise.

Figure 5: Shared roles and working across boundaries



8. ELEMENTS OF AN EFFECTIVE STRATEGIC PUBLIC HEALTH APPROACH

The elements of a public health approach outlined in this section reflect the Board's commitment to addressing the challenges outlined within this Strategy. They also describe activities that will be expected to be included in Health and Social Care Partnerships' delivery plans. These actions will be delivered through the approaches set out in this document, both in relation to the Board's role as a public health organisation and its shared commitment to collective leadership.

There are six core public health elements, or 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 Tayside.
6. Protecting the public's health from environmental, communicable and other potential risks.

The six elements have been matched across to the six national priorities (Table 1).

Table 1: Elements of a public health approach matched to national priorities

Elements of a Public Health Approach	Links to national Public Health Priorities
Element 1: Understand the needs of the population	✓ Place and Community
Element 2: Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects	✓ Poverty and Inequality ✓ Place and Community
Element 3: Apply a life-course approach, recognising the importance of early years and healthy ageing	✓ Early Years and Children ✓ Diet and Physical Activity
Element 4: Intervene on the intermediate causes of poor health and health inequalities	✓ Poverty and Inequality ✓ Mental Health and Wellbeing ✓ Diet and Physical Activity ✓ Harmful Substances
Element 5: Improve the quality of services	✓ Poverty and Inequality ✓ Place and Community
Element 6: Protect the public's health	✓ Harmful Substances ✓ Poverty and Inequality ✓ Place and Community

WHAT WE NOW NEED TO DO

Element 1: Understanding the needs of the population

- **Provide public health surveillance and evidence based intelligence** to support decision-making for improving the population's health and wellbeing, health service effectiveness and addressing health inequalities. This will include the Board's transformational plans, reviews of unscheduled care, regional planning, development of Realistic Medicine; and Community Plans.
- In collaboration with communities, inform and create opportunities to **develop mutual understanding and shared solutions** to improve health and wellbeing through the co-production of place based approaches.
- Monitor local health intelligence resources to make sure that they are maintained, and developed to a level that **enables the whole system to understand population need and put it at the heart of our planning.**
- **Capitalise on the opportunities through the creation of Public Health Scotland as well as other national and international sources** of health intelligence and evidence **to inform NHS Tayside's horizon scanning** for future public health and service challenges.
- Collaborate with academic partners to **create the necessary capacity and capability to develop predictive modelling and analyse the economic impact of both prevention and, care and treatment** programmes to inform better decision making, investment and planning that will also tackle inequality.

WHAT WE NOW NEED TO DO

Element 2: Tackling the fundamental causes of poor health and health inequalities and, mitigating their effects

- Work alongside communities, **build social capital, strengthen community assets** and develop good relations across the whole population to **foster better cohesion and create more connected communities**.
- Strengthen the links to support community planning activities with a key focus on scaling up social prescribing and, engagement with communities and third sector organisations.
- **Make sure investment for mental health is effectively targeted** for mobilising sustainable, multi-partner approaches to **enable individuals to develop stronger emotional resilience** to improve their mental health and wellbeing throughout life.
- Support partners to **implement the learning and recommendations of the Fairness Commissions** to mitigate and prevent health inequalities caused by poverty (including child poverty), income insecurity (debt, low wages, labour market conditions) and the impact of welfare reform.
- Support partners to **develop and deliver new work**, through the **Child Poverty Action Plans**, that will **reduce child poverty and mitigate its lifelong impact**
- Provide advocacy, health intelligence and practical support to **maximise people's access to welfare benefits** such as the Best Start grant and, implement in full, the recommendations relating to welfare reform made in the Director of Public Health Annual Report 2017-2018.
- Develop NHS Tayside as a **health literate organisation** through fully implementing Scottish Government's *Making it easier: a health literacy action plan 2017-2025*.
- Ensure sufficient public health resource for a **credible collective public health response to 'neighbourhood quality'¹⁶, housing, homelessness** and, health and wellbeing.

¹⁶ Neighbourhood quality may include characteristics such as the incidence of crime and vandalism and hooliganism, litter, harassment, problem neighbours and noise.

WHAT WE NOW NEED TO DO

Element 3: Applying a life-course approach that recognises the importance of early years and healthy ageing

- Continue investment in the implementation of the New Universal Pathway, Getting it Right for Every Child (GIRFEC) and Curriculum for Excellence to make sure 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, as well as physical health needs such as maternal and infant nutrition and healthy weight; oral health; immunisation; sexual health and relationships.
- Continue to **provide targeted interventions for vulnerable groups** based on learning from the Family Nurse Partnership, Adverse Childhood Experiences (ACEs) and, poverty mitigation approaches advocated by the Fairness Commissions.
- Further strengthen the specialist public health contribution to the work of the Tayside Regional Improvement Collaborative to enable informed decision making that will improve healthy development and especially at key points of transition.
- Advocate for policies to support 'good work' practises with local employers and within NHS Tayside to promote staff health and wellbeing.
- Provide **specialist public health support to inform key service developments**, redesign and innovations that have the potential to improve health and reduce inequalities at key life stages.
- **Strengthen the specialist public health contribution to the work of the Older People's Clinical Board** to support decision making that will improve healthy ageing with a focus on prevention, early intervention and self-care including at key points of transition.

WHAT WE NOW NEED TO DO

Element 4: Intervening on the intermediate causes of poor health and health inequalities

- In conjunction with partners, including the new Public Health Scotland, 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; prevention of uptake of tobacco smoking and working to reduce the marketing of health-harming products to vulnerable populations
 - increasing the availability of affordable healthy eating opportunities
 - addressing determinants of good mental health such as nurturing early years, active citizenship and participation
 - promoting wellbeing and social inclusion
 - addressing the negative impact of discrimination and exclusion on health
- **Make sure that frontline staff are equipped to use every healthcare contact as health improvement opportunity** by providing effective training to enable them to raise health and wellbeing issues, promote individual behaviour change and, facilitate access to health improvement support **as part of a social prescribing approach**.
- Review and where relevant, strengthen specific health improvement programmes to **avert and address modifiable risk factors for major non-communicable diseases**:
 - **Mental wellbeing**
 - Systematic implementation of the Scottish Government's *Mental Health Strategy 2017-2027* and the recommendations of the Tayside Mental Health Alliance to better meet the needs of individuals in distress through increased access to mental health and wellbeing support including social prescribing, peer support and opportunities for social connections.
 - **Obesity**
 - Improve maternal and infant nutrition to support the establishment of good nutrition and healthy eating from an early age
 - Increase uptake of physical activity and therapeutic exercise programmes through expanded health referral pathways targeting least active groups
 - Improve access to weight management services and uptake of self-management of weight interventions.
 - Deliver on prevention, early detection and early intervention of type 2 diabetes framework through a targeted improvement plan
 - **Substance use - drugs and alcohol**
 - Strengthen the specialist public health leadership and contribution to preventing drug and alcohol related deaths in response to the public health emergency of drug related death, wider substance use and mental wellbeing including the specific recommendations of the Dundee Drug Commission.
 - Better understanding of protective factors that prevent harmful drug or alcohol use and more timely dissemination of local trends
 - Support investment and evaluation in primary, secondary and tertiary prevention
 - Routine identification and early intervention within acute care services of individuals experiencing harmful substance use, and proactive outreach to reduce ongoing harms and readmission
 - **Smoking**
 - Increased referral and engagement with effective smoking prevention and cessation programmes with focus on people at highest risk including those with severe and enduring mental ill-health, people admitted to hospital; with smoking-related conditions, people who are incarcerated and those living in deprived communities

WHAT WE NOW NEED TO DO

Element 5: Improving the quality of services

- Implement national developments and guidance to existing screening programmes and ensure compliance with standards and in particular, enhancing 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 and community pharmacy to address health inequalities through its contribution to health improvement within communities, early detection, early support and living life well.
- Support Transforming Outpatient Programme and Transforming Tayside to make sure new pathways and services are developed and implemented that meet population need by:
 - focusing on reducing health inequalities
 - increasing prevention (where possible)
 - delivering early detection (particularly in deprived areas)
 - providing interventions early that meet an individual's needs by being person-centred
 - enhancing self-care interventions.
- Make sure that there is effective clinical leadership and every service is supported to enable appropriate uptake of health and wellbeing interventions, ensuring health inequalities are identified, targeted approaches are used, and services are designed to meet the needs of people with greatest need.
- Maximise the potential of *Realistic Medicine* and specialist public health will proactively support clinical teams in their action to reduce the harms of over treatment and over diagnosis
- Make sure that digital first approaches are integrated into the public health programmes and services, in designing digital solutions, take into account the needs of the whole population to avoid increasing inequality.
- Adopt and spread the principles of *Realistic Medicine* and the emerging evidence from social prescribing to reduce the inappropriate reliance of clinical interventions where more effective non-clinical alternatives exist.
- Promote mental health and wellbeing for people with long term conditions; promote the physical health for people with mental health conditions through the implementation of a physical healthcare policy and mental health strategy.
- Make sure all policies and service developments are underpinned by meaningful equality impact assessments.
- Develop a human rights approach to delivering services to enable people in our care to know and claim their rights.
- Evaluate and disseminate the learning from a whole system approach to eliminating Hepatitis C.

WHAT WE NOW NEED TO DO

Element 6: Protecting the public's health

- Continue to lead the strategic coordination and implementation of the Vaccination Transformation Programme, working in partnership with all stakeholders to manage the transition to new business-as-usual arrangements, ensuring that NHS Tayside's high uptake rates across children's and adult immunisations are maintained, and securing improvements to coverage where required.
- Continue to deliver effective Human Immunodeficiency Virus (HIV) prevention and treatment to meet or exceed the WHO 90:90:90 global targets¹⁷ through implementing the *Tayside Getting to Zero Strategy* and the *Fast Track Cities* initiative.
- Eliminate Hepatitis C, continue to maintain effective prevention, proactive case finding, testing and treatment for Blood Borne Viruses (BBV) and sexually transmitted infections and, disseminate the learning to inform whole system approaches to complex multi-factorial public health challenges.
- Deliver on the actions in the statutory Joint Health Protection Plan to respond to communicable disease and environmental hazards.
- Create tobacco-free public spaces, where children and families can enjoy their time together without exposure to second-hand smoke and smoking.
- Actively contribute to collective action on violence prevention, hate crime, gender based violence (including sensitive routine enquiry, human trafficking and female genital mutilation) in line with national guidance.
- Proactively support the ambitions of the Community Planning Partnerships to create safer and healthier environments through action on tobacco control, alcohol over provision and the obesogenic environment, by fully realising the potential of legislation and planning regulations
- Promote good sexual and reproductive health and wellbeing by continuing to redesign whole system prevention, early detection, early intervention and treatment.

¹⁷ <https://www.unaids.org/en/resources/909090>

9. CREATING THE CONDITIONS FOR SUCCESS: WHAT NEEDS TO CHANGE

This Strategy is being developed at the time of Public Health Reform and this presents new opportunities that will enable us to work differently at national, regional and local levels.

In addition to these opportunities, there are a number of important conditions that need to be in place locally to make sure that we can realise the collective leadership commitment to adopt a genuinely public health approach made in each of the Community Plans and in Transforming Tayside. These can be distilled as¹⁸:

- A clear **conception** of what we want, a vivid vision, a goal clearly imagined.
- A strong **confidence** that we can attain that goal.
- A focused **concentration** on what it takes to reach the goal.
- A stubborn **consistency** in pursuing our vision.
- An emotional **commitment** to the importance of what we're doing.
- A good **character** to guide us and keep us on a proper course.
- A **capacity to enjoy** the process along the way.

This Strategy aims to support the strides already being made across the system to adopt these characteristics and in particular, to strengthen what we need to do differently if we are to maximise the benefits from a public health approach. NHS Tayside has already made a commitment to prioritising prevention and early intervention and, using a population health approach to underpin its planning. We recognise that in order to deliver on this, it means the way in which specialist public health operates also needs to change. There are examples illustrated in the case studies where specialist public health has effectively engaged to transform services and deliver sustainable improvements. This approach needs to be applied consistently across the specialist public health workforce.

Our Commitment to Developing the Specialist Public Health Workforce

Creating a culture of health in Scotland will require effective leadership nationally and locally. The Public Health Reform programme recognises the need for workforce development and strengthened public health leadership.

Public Health Scotland's primary focus is to enable the whole system to deliver better public health and wellbeing outcomes. It brings together health protection, health improvement and health intelligence to maximise their combined expertise and impact. We can expect to work more closely with Public Health Scotland to capitalise on national resources and expertise, and combine these with local specialist knowledge to develop 'Once for Scotland' approaches whenever possible. There are also opportunities to strengthen collaboration with the academic community locally, to bring in a breadth of complementary intellectual resources. This potential for improved access to research expertise and health intelligence, together with the six national priorities and greater strategic focus will enable local capacity to be deployed more effectively and will augment our ability to work together as part of a whole system approach. An early example is the commissioning of an independent health needs assessment in substance use from Public Health Scotland, which will combine the skills and capability across the range of public health disciplines nationally, with local knowledge and expertise.

The next iteration of the **Workforce Plan** in 2020 will consider the future skills mix requirements to meet changing needs, and progressively align the specialist expertise and resources to the national priorities and the local areas identified for immediate action. We have begun to realign capacity to give a greater priority to substance use and mental health and wellbeing.

¹⁸ <http://www.tomvmorris.com/blog/2014/10/22/seven-conditions-for-success>

We also need to work differently. A critical skill for the future is the ability to work across services, and organisations to meet complex and changing population needs. We need agile and visible leaders that can thrive in complexity and uncertainty. This will require individuals with highly developed skills to form, and sustain the productive relationships needed to overcome systemic barriers and, can identify opportunities and synergies to deliver the benefits of whole systems thinking.

We need to invest in our staff to enable them to lead and contribute more effectively. We will prioritise leadership development, such as Project LIFT to support public health advocacy and augment our contribution to public health service improvement.

Getting the balance right: Preventative spend

Inequality is a major determinant of healthcare demand and therefore of spend. *The Christie Commission*¹⁹ report on the Future Delivery of Public Services identified the importance of preventative action and a preventative approach to avoid failure demand with resources tied up to address short-term problems. It defined preventive spend as: “**spending public money now with the intention of reducing public spending on negative outcomes in the future.**”²⁰ In 2011, the Scottish Parliament’s Finance Committee examined the concept of preventative spending in-depth and noted the “remarkably strong evidence about the benefits that such an approach could deliver”. The Committee endorsed the need for “there to be a shift from reacting to crisis, to a greater focus on prevention and early intervention.”

In its response to the Commission, the Scottish Government committed to an approach for public services that combined four key elements: **a decisive shift towards prevention**; greater integration of public services at local level driven by better partnership, collaboration and effective local delivery; greater investment in the people who deliver services through enhanced workforce development and effective leadership; and a sharp focus on improving performance, through greater transparency and innovation. Whilst progress since 2011, notably in relation to integration, we have yet to make the decisive shift towards prevention, or in the resources needed to make this a reality.

The Health and Sport Committee of the Scottish Parliament in its report in 2018 on *Preventative Action and Public Health*²¹ highlighted the continued lack of longer term focus and strategic direction to increase preventative action and measures to assess achievements and spend. Audit Scotland also continues to urge action to identify and measure preventative activities.

We have drawn on their recommendations to set out a number of immediate steps that NHS Tayside could take to provide greater transparency and to prepare for a decisive shift towards prevention:

- NHS Tayside should adopt the *Christie Commission* definition of preventative spend and develop a methodology to calculate its baseline and future preventative spend
- A breakdown of NHS Tayside’s preventative spend, showing the split, should be produced and reported to the NHS Board at least annually
- The Public Health Committee should consider how targets can be set for the NHS Board and the Integration Joint Boards in relation to the minimum percentage of preventative spend to be achieved in each of the next 5 years

¹⁹ <https://www.gov.scot/publications/commission-future-delivery-public-services>

²⁰ Christie Commission definition of preventative spend

²¹ **Health and Sport Committee**, Preventative Action and Public Health, 10th report (Session 5)

- NHS Tayside should consider how to incentivise those successfully introducing new ways of working that embrace whole systems or public health approaches and investment to save
- The NHS Board should consider opportunities where effective prevention has delivered savings, to reinvest all or a proportion of the financial gains to 'pump-prime' or fund other effective prevention programmes
- NHS Tayside, and the specialist Public Health Directorate, should actively seek opportunities to attract inward investment, including collaborative bids for academic grant monies or clinical trials, and from Scottish Government to test innovative preventative approaches and whole systems redesign
- NHS Tayside should require all strategic plans to make reference to the areas for which there are obvious preventative gains to be made, including specifically in tackling type 2 diabetes, and have appropriate indicators in place to measure achievements and spend

10. GOVERNANCE

Implementation of the Strategy will be led by the Director of Public Health, working with Health and Social Care Partnerships and Community Planning Partnerships. A new Outcomes Framework will provide the Board's Public Health Committee with assurances on progress to enable it to play its key role in overseeing implementation and reporting to Tayside NHS Board.

APPENDIX 1 – Case Studies

The following case studies provide examples of where the public health approach is applied:

Case study 1 - Eliminating Hepatitis C

Case study 2 - Reducing teenage pregnancy in Tayside

Case Study 3 - Suicides in Tayside: using health intelligence to direct effective prevention and support

Case Study 4 - Public health service improvement

Case Study 5 - Scaling up social prescribing in Tayside

Hepatitis C

Towards micro-elimination in Tayside

“Scotland, however, is ignoring conventional wisdom and making a bold push to control a virus that may be one of the biggest ticking time bombs in medicine.”

Wall Street Journal



Hepatitis C (HCV) is a blood borne virus that can cause serious and fatal liver damage. 90% of infections are in people who have injected or are currently injecting drugs.

Over 95% can be cured within 12 weeks

There are considerable additional benefits beyond cure including a significant reduction in drug related deaths, reduced criminality and increased engagement in recovery orientated care.¹

Estimated prevalence in the population is **0.55 - 0.6%**



Untreated each index case will result in between 7 and 30 new infections over a 10-year period.

20% of people remain undiagnosed posing an ongoing transmission risk

Tayside: Eliminating HCV by 2021?

EASL has suggested that HCV elimination targets can be addressed through micro-elimination in smaller target populations.



Tayside population 400,000 = 8% of the Scottish population

The estimated prevalent chronic population is 2183 people (April 2018). We believe that we will have eliminated HCV in Tayside within two years.

Is it working?

90% diagnosed 80% cured

Reduced prevalence in people who inject drugs from 34% in 2009 to 23% in 2018.

How much more do we need to do?

It is estimated there are a further 200 people to diagnose and fewer than 200 to treat. **To achieve WHO definition² of elimination, Tayside has fewer than 400 people to treat.**

How are we achieving elimination?

1. Find and link more people into care

- Maximise opportunistic testing and diversify treatment in community and addictions settings
- Introduce widespread access to easy diagnostic tests
- Implement proactive case-finding for those not in contact with services or lost to follow up
- Simplify pathways of care – go where people are

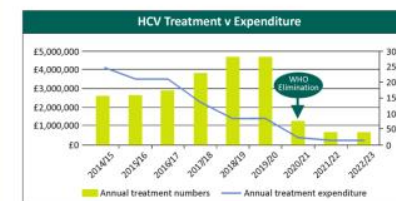
2. Rapidly scale up treatment

- Remove all barriers to treatment
- Treatment as Prevention (TasP) – treat people who are currently injecting
- Implement case finding methods – identify those with advanced disease

Can we afford it?



Treatment is highly cost effective; elimination can now be achieved at a cost that is well below recent expenditure patterns. It is cost saving.



NHS Tayside could scale up treatment, spend less and save significant money on prescribing over a 3-year horizon

It is an excellent example of applying the principles of Realistic Medicine and of preventative spend and offers the chance to reinvest in other programmes.

Disease elimination is rare

Tayside has the opportunity to rapidly eliminate Hepatitis C in our population. It's within our grasp; let's spend less, treat more, eliminate HCV and transform lives.

¹Direct-Acting Antiviral Sustained Virologic Response: Impact on Mortality in Patients without Advanced Liver Disease, Hepatology, January 2018
²WHO definition of elimination is a greater than 90% reduction in prevalence

Reducing Teenage Pregnancy in Tayside



Ann Eriksen, Felicity Snowsill, Oana Ciocanel, Christine Bird, Tracey Stewart

Collaborating for Excellence: The Managed Care Network (MCN) approach

Introduction

Scotland continues to report high rates of teenage pregnancy.¹ Tayside and Dundee City have consistently reported amongst the highest rates in Western Europe, with rates in under 16's in the city in 2006/8 twice those of the national average.

There is a strong correlation between teenage pregnancy and deprivation.

Whilst teenage pregnancy can be a positive experience for individual young women and young parents, particularly in the later teenage years, it is strongly associated with long-term adverse health and social outcomes for the young women and their children.

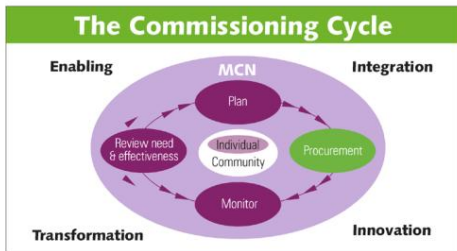
Aim

We set a number of short, medium and longer term objectives to reduce teenage conception by:

- 20% in under 16s by 2013
- 25% in the under 20s living in the most deprived communities by 2017
- 50% by 2020 among under 18s who are looked after and accommodated or young people leaving care

Methodology

The MCN brings together all the key agencies that have a role in reducing teenage pregnancy. It adopts a whole systems approach to planning and commissioning interventions and services.



Given the very high rates of teenage conception in Dundee, we wanted to establish if there were local differences in the contributory factors described in the international evidence base. Between 2009 and 2011, we carried out primary research with young people, young pregnant women, young parents and professionals to understand their perspectives. At the same time, we carried out a systematic review of the emerging evidence base. The findings informed the development of a logic model which has been adopted by all the partners, it advocates collective leadership and action focussed on:

- Improving early childhood experience and development
- Increasing expectations, aspirations and social capital of young people
- Enabling young people to make informed decisions about their sexual health
- Providing access to young people focussed contraception and sexual health services
- Supporting a competent workforce
- Building a strong commitment of all partner agencies

Since then action has been taken to put in place a wide range of interventions and services that are based on emerging evidence.

References

¹The teenage pregnancy rate is counted as the number of deliveries combined with the number of abortions.
²Teenage Pregnancy Year of conception ending 31 December 2013 Publication date - 7 July 2015, ISD

The key developments include:

robust real-time, localised data - critical to engaging decision-makers and enabling more effective targeting of interventions.

Capitalising on the potential of digital media to inform and engage young people - **Cooltalk** provides interactive web-based advice and counselling services and **NeedTayKnow** a free app that provides access to information and details how to access services and support.



Healthy Community Collaborative - an asset-based community action model, commenced in 2011 brings together professional expertise and evidence with local people's insights to identify and develop shared solutions.

Family Nurse Partnership - provides intensive support for all first time mums aged under 20 during their pregnancy and until their child's 2nd birthday.

Outcomes

Tayside has seen a significant reduction in teenage pregnancy since 2007. The latest published data for the year ending 31 December 2013 show rates have declined year on year. The rate of reduction was greatest in the most deprived communities with a 75% reduction in under 16's compared to 44% in Scotland as a whole. Local data to 30 September 2015 shows the overall reduction has continued.

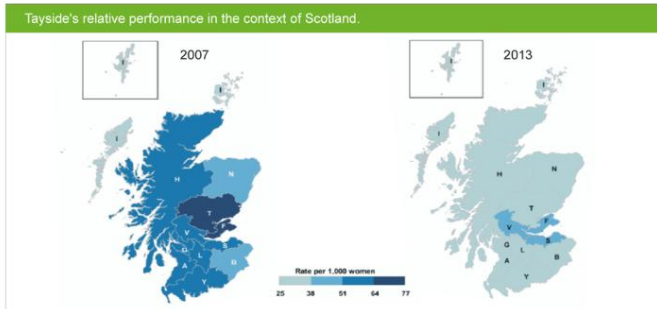
Rates of teenage pregnancy in Dundee in 2013 were 50% lower than those reported for 2007 and are at the lowest level since records began. This compares with an average reduction of 34% across Scotland over the same period.

Improvements have been made to Relationships, Sexual Health and Parenthood (RSHP) Education with the introduction of the **3-18 RHSP Framework** developed in collaboration with all three Departments of Education and Public Health, which provides practical guidance and resources for teachers and youth workers and the roll out of a **peer-education programme** in all Dundee schools. The core RSHP programme is complemented by an annual drama workshop for all S3 pupils, health drop-ins, the **Speakeasy** parenting programme as well as tailored RSHP for the most 'at risk' young people.

Dedicated **LINC clinics** operate in the Sexual and Reproductive Health Services for under 18s and sexual health services in community pharmacy has increased engagement with services.



Rates of teenage pregnancy in Dundee have reduced by 50%



Conclusions

Significant reduction in teenage conception, a narrowing in the health inequalities gap and sustained health behaviour change is possible even in an area where this has previously been a social norm.

Teenage pregnancy is complex and multi-faceted action is needed to address the underlying causes. Early intervention aimed at developing resilience and self efficacy can also address a broad range of health and social outcomes linked to multiple risk taking behaviours.

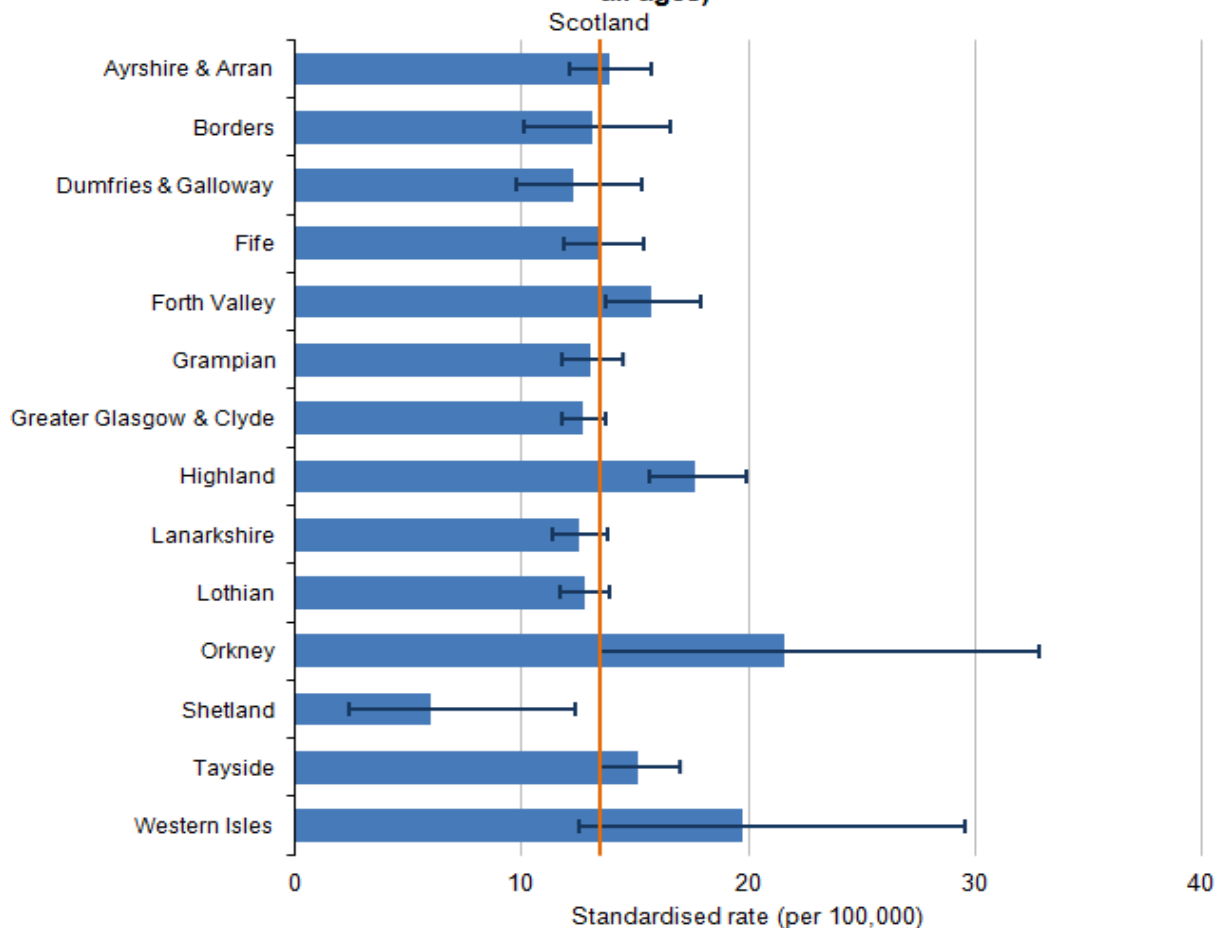
Collective leadership and strong partnership working is key to success along with a clear strategic focus, and an ethos that enables young people to co-produce interventions.

Case Study 3

Suicides in Tayside: Using Health Intelligence to Direct Effective Prevention and Support

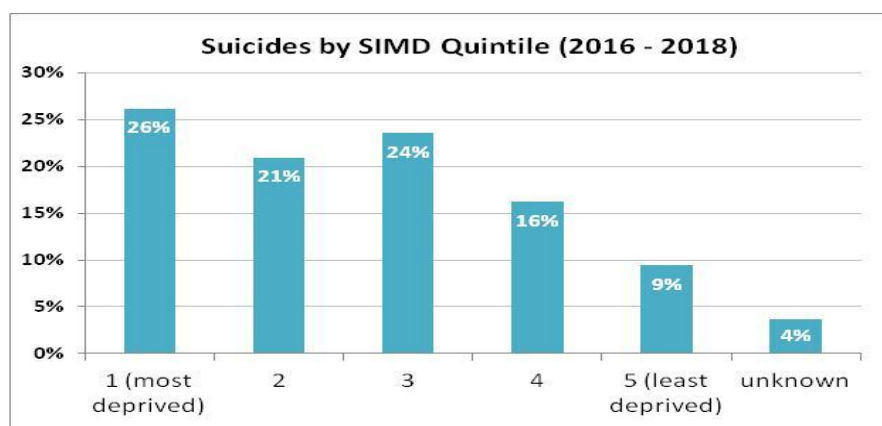
Scotland has a relatively high rate of suicide with an age-sex-standardised rate of 13.4 per 100,000 compared to 11.2 in England see Chart 1²².

CHART 1 - European age-sex-standardised rates per 100,000 population: suicide deaths by NHS board, 2014-18, using new coding rules (Persons - all ages)



Within Tayside Dundee City has a particularly high rate of 20.4 per 100,000, primarily due to the strong association between suicide and socio-economic deprivation.

Tayside suicide deaths by Scottish Index of Multiple Deprivation (SIMD)



²² <https://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/data/nhs-board/>

Approach taken

Tayside is the first area in Scotland to adopt a systematic approach to collecting and interrogating its suicide data. This is adapted from the methodology used for drug related deaths²³. Led by specialist public health, a Tayside Multiagency Suicide Review group (TMASRG) was set up in 2016 and includes strategic leads from each of the local authority areas, NHS, police, ambulance, criminal justice, fire and rescue and the third sector. The collaborative approach is backed by joint funding from the three local authorities and NHS Tayside.

Each suicide is individually reviewed and common themes are identified. This intelligence directs the collective approach and agreed actions to prevent suicides and improve care and support for those affected by suicide.

Improvements achieved

- Real time data, central interrogation and analysis of detailed information on all Tayside suicide deaths.
- Shared communication of suicide death information to all relevant services.
- Early recognition and response to potential clusters and locations of concern.
- Pro-active and timely action based on local data, research evidence and best practice guidance.
- The approach taken by TMASRG is acting as a path finder to demonstrate how to implement recommendations from the Scottish Suicide Prevention Leadership group's first annual report 2019²⁴:
 - **Recommendation 2:** *'The provision of timely and accessible data about suicides must improve.'*
 - **Recommendation 5:** *'...multiagency reviews should be undertaken of all deaths by suicide which take place in a community setting.'*
 - **Recommendation 9:** *'The Scottish Government should make funding available to pilot a new model of care for those bereaved by suicide which should include evaluation and appropriate mechanisms to ensure that learning is shared.'*

Outcomes

- A local needs assessment was undertaken to understand support needs for people bereaved by suicide. It recommended the development of pro-active services to support those bereaved by suicide. These have been implemented.
- Local demographic information allowing targeted suicide prevention activity, for example the unemployed.
- Specific recommendations for services and preventative pathways are now made to the relevant governance and review structures within NHS Tayside and partner organisations.
- National issues requiring national action are identified such as medication supplies of deceased individuals which are often left with relatives due to complex issues of ownership and disposal, leaving ready access to the means to commit suicide.

²³ https://www.nhstayside.scot.nhs.uk/News/Article/index.htm?article=PROD_322284

²⁴ <https://www.gov.scot/publications/national-suicide-prevention-leadership-group-annual-report-2019-making-suicide-prevention-everyones-business/pages/2/>

Case Study 4

Public Health Service Improvement

Improving Outcomes for People with Coeliac Disease.

Using co-production and continuous improvement to improve diagnosis and care, and access to prescribed gluten-free foods.

“Co-production is the process of active dialogue and engagement between people who use services, and those who provide them.” Sir Harry Burns, Chief Medical Officer for Scotland.

Coeliac disease (CD) is a long term autoimmune disease caused by a reaction to gluten.

Around 1% of the UK population have CD but only 24% have a diagnosis and 76% remain undiagnosed.

Complications of untreated CD include anaemia, osteoporosis, neurological conditions, small bowel cancer and intestinal lymphoma²⁵.

Once diagnosed, CD is treated by following a gluten-free diet for life.

In Tayside, variations in diagnosis and access to dietetic advice and gluten-free foods, rising prescribing costs, and unnecessary use of specialist gastroenterology and general practitioner expertise were evident.

People with lived experience of CD, NHS staff, community pharmacists and Coeliac UK came together to consider population demographics and inequalities, map the existing clinical pathway and service provision, identify variation, and compare with national guidelines. Priorities for improvement were:

- diagnosis and the clinical pathway
- access to prescribed gluten-free foods.

Clinical Pathway - a new clinical pathway was co-designed with people with CD and changes include:

- shifting routine care away from gastroenterology consultants and nurses to dietitians and community pharmacists
- direct access to gastroenterology consultants for complex cases
- supporting people closer to home by moving care from secondary care to community settings
- improving access to dietetics, group interventions, and digital solutions such as ‘Near Me’ and NHS Inform.

Gluten-free Food Scheme (GFFS) and Community Pharmacies - treatment includes gluten-free foods on prescription from general practice. In 2010:

- the annual cost was £250k per annum and costs were increasing at 10% each year
- neither people with CD nor general practitioners were happy with this approach - it was time consuming and impractical for both and costly to the NHS.

A new GFFS was co-designed putting control firmly in the hands of the individual with CD:

- everyone has access to a first-class range of gluten-free foods that meet their individual nutritional requirements and from their chosen community pharmacy
- the online scheme uses pictorial images to help people with health literacy needs
- a universal community pharmacy health check removes the need for a gastroenterology

²⁵ NICE, 2015 <https://www.nice.org.uk/guidance/ng20>

service review.

As a result of the new clinical pathway and GFFS:

- 34% of people with CD in Scotland/Tayside have a diagnosis compared to the UK national average of 24%.
- There is less need for gastroenterology service outpatient appointments.
- NHS staff and people with CD consider the service more efficient and a better way of working.
- Increasing prescribing costs have stabilised despite increased number of people with a diagnosis of CD. If the trend in 2008/09 had continued NHS Tayside would now be spending approximately £655,000 this financial year. Instead the estimated annual cost in 2019/20 is £255,000 - a saving of £400,000. Cumulatively over the past 10 years this has contributed a saving of £1.4 million.
- The pathway is dietetic led and dietetic care experience is high - evidence from Care Opinion and evaluation of group sessions are very positive.
- Health economist evaluation demonstrated they are less costly in the short and long term.
- This approach should realise longer term benefits for individuals and the NHS through reduced osteoporosis and cancer risk as people are better supported to self-manage and adhere to their gluten-free diets.

In 2013 Scottish Government rolled the GFFS model out across Scotland.

The Tayside pathway was also used as the basis for a new national CD pathway (Scottish Government's Modernising Patient Pathways Programme).

Case Study 5

Scaling up Social Prescribing in Tayside

Using Social Prescribing to improve health and address lifestyle and well-being issues at a population level.

It is estimated that 20% of general practice consultations are to address social issues and that these could be dealt with through other sources of support. Many long-term conditions are closely linked to poverty and socio-economic disadvantage; some conditions have a strong association with lifestyle and with wellbeing.

There is some evidence that non-clinical interventions may provide better outcomes than traditional medicines prescribing for people experiencing problems caused by overweight or lack of physical activity. **Social prescribing is an approach in which the person engages with a non-clinical intervention and is supported to achieve a series of self-defined goals.** Social prescribing works for a wide range of people, including people who:

- have one or more long-term conditions
- need support with their mental health
- are lonely or isolated
- have complex social needs which affect their wellbeing.

Social prescribing is a way for local agencies to refer people to a link worker. Such agencies may be situated in health – primary or secondary care. When social prescribing works well, people can be easily referred from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise organisations. Self-referral can also be encouraged.

Link workers engage with individuals, giving them time, focusing on ‘what matters to me’; making sure that there is a holistic approach to their health and wellbeing. They connect people to practical, financial and emotional support, through either community groups or statutory services.

Many organisations, community groups and providers already exist in Tayside that offer diverse activities. Social prescribing fosters individual social capital, social enterprise and active communities, helping to build and sustain thriving communities.

All three Health and Social Care Partnerships have established small-scale social prescribing. These services are **not of the required scale or scope to deliver the required step-change** in social prescribing activities, as an appropriate alternative to deploying clinical resources for lifestyle and wellbeing issues.

Social prescribing is an explicit priority of each Community Planning Partnership. The Primary Care Development Fund has identified establishing a Link Worker resource in each Tayside GP practice as a key deliverable by 2021. We are working with national health economic input to assess the Social Return on Investment for this project, and this along with local data is informing the development of a costed business case to justify investment by the NHS Board across all three Health and Social Care Partnerships.

Social prescribing should form an essential part of the Transforming Tayside programme, enabling people in our communities to access a range of activities that promote their health and well-being.

