

## Consultation questions

The Highland Community Planning Partnership has grown from a group formed in 1996 of 5 public organizations in order to express their commitment to improve the wellbeing of the people of the Highlands and to develop collaborative ways of working. The Highland Single Outcome Agreement (SOA) provides the framework for community planning in the Highlands. It has focused partnership effort on regional priorities and has developed an agreed set of outcomes. Organizations currently represented on the Community Planning Partnership Board are:

The Highland Council  
Highlands and Islands Enterprise  
NHS Highland  
Police Scotland  
Scottish Police Authority  
Scottish Fire and Rescue Service  
Highland Third Sector Interface  
Scottish Natural Heritage  
University of the Highlands and Islands  
Scottish Government

### 1. How can public health in Scotland best contribute to the challenges discussed? Specifically, views and evidence of the Strengths, Weaknesses, Opportunities and Threats to the contribution of the public health function in improving Scotland's health and reducing inequalities?

#### **Strengths:**

The geography covered by the Highland CPP supports a networked approach to many public health issues. A public health workforce that is focussed on local areas is best placed to understand local needs and is able to bring together local information/data with evidence based practice and local experience to support the community planning partnership to respond to key public health issues, for example work to reduce health inequalities and alcohol and drugs. The current focus on the need to address the wider determinants of health is seen as a particular strength and public health are well positioned to provide leadership and advice on this across the partnership.

The Public Health workforce is multi-disciplinary and as such provides expertise from a range of backgrounds that cover the three domains of public health i.e. health protection, health improvement and health service improvement, underpinned by health intelligence and knowledge. The multi-disciplinary nature of the workforce supports delivery across all of the public health functions. The workforce is highly skilled and has an expert knowledge base that is able to offer an objective voice on key issues that affect the health of the local population, not just those who access services. Thus public health is well placed to be able to provide advice and expertise across the whole community planning partnership.

Good networks exist across the community planning partnership that link staff through a range of collaborative and partnership based approaches at both strategic and operational levels for example public health input to the early years collaborative, health promoting schools work, alcohol and drugs partnership, employability partnership, Highland Environment Network, health inequalities, physical activity and in community learning and development. On this latter point, Highland Council prevention funding supported and agreed by the Highland CPP has enabled NHS Highland to employ local health co-ordinators and community food workers in targeted communities to use asset based approaches to improve the health outcomes agreed by the CPP.

This CPP arrangement focuses the efforts of a committed, enthusiastic workforce that is knowledgeable about local needs and priorities whilst maintaining the flexibility and resilience to direct public health activity according to need and to maximise the efforts of the workforce by

being able to pull in staff from across the community planning partnership to support larger initiatives e.g. policy change or prolonged incident/emergencies.

### **Weaknesses:**

There is sometimes a disconnect between national agencies and the local public health workforce, creating some confusion amongst partners and a sense of lack of co-ordination across Scotland. There remains a need to support and strengthen local asset based approaches and devote more effort to the wider determinants of health and build capacity across the community planning partners to respond to the health needs of our population; including a deeper understanding of the social determinants of health and how partners can contribute to improving health and reducing health inequalities.

To maximise the efforts of public health to inform and present knowledge on our population needs and how we best address these would benefit greatly from improved accessibility to information across systems and organisations. Public health outcomes are often longer term and it can be difficult to demonstrate outcomes in the short term. Systems for short, medium and long term focussed approaches and funding would support the efforts of the community planning partnership to improve the health of our population.

### **Opportunities:**

The review offers an opportunity to re-focus and enhance efforts for public health to support community planning partnerships to improve the health of our population and in particular reduce health inequalities. The current context of service change through integration of health and social care presents opportunities for public services to consider different ways of working. Public health are well placed to support change in particular addressing the key public health challenges, offer skills as change agents and advise on health impacts of change. Highland has already moved to an integrated model of health and social care services for adults and children. This should be used to build and strengthen links between local authority, health service and partner elements of public health delivery.

The review offers an opportunity to bring together public health as a cohesive family to support the local efforts of the community planning partnership. The timing of the review is helpful given the other drivers for improving community planning at a local level, particularly the national audit of community planning, community empowerment legislation and the report from the Commission on Strengthening Local Democracy, 'Reconnecting with Communities'. It would be helpful if the review could optimise the links with these other agenda's.

### **Constraints/ Threats:**

The focus of some targets whilst helpful in maintaining awareness of public health issues may divert attention from the need to be forward looking to identify new population issues. Funding is often short term which often means that work is not built on strong foundations that will embed and mainstream public health activity. In the current financial climate activity that will reap benefits sometimes years down the line are often not prioritised against immediate service delivery pressures.

## **2. How can public health leadership in Scotland be developed to deliver maximum impact?**

There is a need to clarify clear priorities for public health action, concentrating scarce resource on priority issues and a need to convert evidence into compelling cases for action that can be

taken forward by community planning partnerships. Leadership for public health needs to be visible at the most senior levels within community planning partnerships. The Director of Public Health voice should be maintained at every level but particularly at the most senior level within local community planning partnerships arrangements to ensure population perspectives influence and are incorporated into strategic and operational decision making.

Clarity is required on the population health improvement role across national agencies and Scottish Government to support better communication with local public health workforce and leadership. There is confusion about the role of a number of national agencies including Health Scotland, NES, Education Scotland, Joint Improvement Team etc in relation to the specific elements they bring to the public health function and how they support local delivery. There needs to be more clearly defined purpose for organisations at national level that lead on or contribute to health agendas with clear links to the local public health workforce.

**3. How do we strengthen and support partnerships to tackle the challenges and add greater value? How do we support the wider public health workforce within those partnerships to continue to develop and sustain their public health roles?**

The current direction for supporting community empowerment and co-production is positive and more needs to be done to support community planning partners to work in this way. The specialist public health workforce will vary according to local circumstances but the core public health workforce should work alongside community planning partners to build capacity and maximise the contribution of the wider workforce. Priority should be given to multiagency and multi disciplinary training to meet public health competencies and standards and this work should be prioritised and funded accordingly.

Strengthening the community planning partnership role in relation to key public health issues and particularly in relating to health inequalities will be important. Ensuring that public health outcomes are built into the priorities of all community planning organisations will further support delivery of the desired outcomes. Recognising the challenges of delivering on public health within a remote and rural context needs to be recognised and emphasises further the need to maximise the efforts of a very small specialist workforce through co-ordinated leadership at local level whilst making best use of wider networks and supporting organisations to prioritise and embed public health approaches that reflect remote and rural access issues.

**4. What would help to maintain a core/specialist public health resource that works effectively is well co-ordinated and resilient?**

It would be helpful to clearly define the role of the specialist workforce in relation to community planning and build this into a future vision for health. The role of the public health workforce should be clearly articulated as one which provides clarity and justification for local public health priorities and work with partners to achieve these. It will be important to have free flowing information from national agencies to the local public health workforce to support development of local policies and activity on key public health priorities.

Support for nationally agreed training and CPD for specialist staff will be important to maintain skills and competencies and to attract and retain staff that are able to deliver at policy, strategic and operational levels across community planning partnerships. The local public health workforce needs to be co-ordinated across local arrangements with strong leadership and a

commitment to developing a good mix of public health skills and a strategy for long term funding to support public health activity.

To maintain effective implementation of public health policy at local level, public health should be represented and operate at the most senior level within the community planning partnership.

**5. How can we provide opportunities for professional development and workforce succession planning for the core public health workforce?**

A longer term vision for the development of the whole of the public health workforce is required. It will also be important to reflect on the activities of national organisations such as NES, Health Scotland and Education Scotland and clarify their roles in relation to supporting professional development of the specialist public health workforce as well as public health practitioners and the wider workforce who have a role in delivering on public health outcomes (e.g. teachers, nurses etc). It will be important to recognise within the review that public health staff currently operate across a range of levels and a range of organisations. Bringing a cohesive and co-ordinated approach to how public health staff are supported and developed will be key to ensuring a skilled and motivated workforce into the future.

Introduction of a regulatory scheme for public health practitioners will support development of the necessary skills and competencies and help to build resilience as practitioners are support do develop and maintain a broad range of skills across the public health domains of health improvement, health protection and health intelligence/service improvement.

## Public Health Review Stakeholder Engagement

Stakeholders are invited to offer their responses to the engagement questions to the review group by emailing [publichealthreview@scotland.gsi.gov.uk](mailto:publichealthreview@scotland.gsi.gov.uk) by 12 March 2015. Please complete the respondent information questions on page 5 and return with your information. We would be grateful if you are able to limit responses to 12 A4 sides to help the secretariat with reviewing the information.

We are aware that the Scottish Public Health Workforce Development Group, chaired by Andrew Fraser, has sought input from stakeholders on a range of workforce matters and Andrew Fraser has agreed to share the responses with the review group.

For further information or enquiries please contact the [publichealthreview@scotland.gsi.gov.uk](mailto:publichealthreview@scotland.gsi.gov.uk) mailbox or the Scottish Government policy lead Heather Cowan on 0131 244 2136

Please complete the respondent information questions on page 5 and return with your responses:

**1. Organisation name:** Highland Community Planning Partnership

**2. Title |Forename | Surname:**

**3. Postal Address:** The Highland Council, Glenurquhart Road, Inverness

**4. Phone:**

**Email address:**

**5.** I am responding as a group/organisation and note that the response will be shared with the public health review group.

The name and address of your organisation will be made available to the public (e.g. if the Scottish Government publishes a report on behalf of the review group or if responses are published on the Scottish Government website).

i Are you content for your response to be made available?

***Please tick as appropriate Yes***

**6.** I am responding as an individual and note that the response will be shared with the public health review group

ii. Do you agree to your response being made public? (e.g. if the Scottish Government publishes a report on behalf of the review group or if responses are published on the Scottish Government website?)

***Please tick as appropriate Yes No***

Where confidentiality is not requested the Scottish Government can make your responses available in one of the following basis please tick the one that applies.

Yes, make my response, name and address all available

Yes, make my response available, but not my name and address

Yes, make my response and name available, but not my address

**7.** Public Health Division of the Scottish Government (SG) will share your response internally with other SG policy teams who may be addressing the issues you discuss. SG may then wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this engagement exercise.

***Please tick as appropriate Yes***

