FPH Statement on Public Health Reform in Scotland

Many people in Scotland are not able to realise the levels of good health enjoyed by those others who already have the advantages of greater wealth, higher educational attainment, and more supportive life circumstances. Public health reform in Scotland has arisen as a result of shared public, professional and political concern that our society needs to make a greater and more concerted effort to address these health inequalities.

During the four decades since its inception, the Faculty of Public Health has developed its professional standards, curriculum and collegiate ambitions with a strong focus on the need for our specialty to act to save lives, reduce disability and suffering, and to address health inequalities. We bring a population insight into the causes of ill health and suffering, and a scientific evidence-based approach to what should be done about it; from the personal to the policy level across all areas of public and community service and in all disciplines. We seek health for all as a fundamental goal; we aspire to realise this right to health through the organised efforts of a just society. We are therefore strongly supportive of the aims of Scottish Government public health reform, and the consequent development of the public health function in Scotland to better protect and improve the health status of the people of Scotland.

This document considers the unique and valuable contribution of the public health specialist function in improving the health of people in Scotland, and in addressing the inequalities that impair the ability of our whole population to flourish. Recognising that Scottish Government public health reform coincides with significant financial constraint in the public sector, we have focussed on ways in which the existing specialist services can be deployed most effectively in support of the reform agenda, and on areas where further development of the specialist function will be essential to addressing national public health priorities.

Background

The Faculty of Public Health (FPH) of the Royal Colleges of Physicians of Edinburgh and London, and the Royal College of Physicians and Surgeons of Glasgow, was first established to recognise and support formalisation of the higher professional training of doctors in the disciplines of specialist public health medicine. Within the frameworks of the medical royal colleges, FPH has fostered the attainment and maintenance of standards of professional public health practice as a condition of specialist professional registration, initially for doctors and dentists with the UK General Medical and Dental Councils, and subsequently, for professionals from a wider range of disciplines, with the UK Public Health Register. The primary function of specialist public health registration is public protection, by ensuring that the expertise of registered specialists is subject to transparent and robust professional quality control. Consequently, organisations employing registered public health specialists can have confidence in the authority of their expertise, so essential for government, the

NHS and other public sector organisations in deploying scarce resources to maintain the health of the population. Now that specialist registration with GMC, GDC and UKPHR is well established, FPH is supporting a similar process of quality assurance at public health practitioner level.

However, important as it these functions are, FPH is so much more than the governance of routes to achieving and maintaining professional registration. Members and Fellows of FPH are brought together by their commitment to quality managed specialist and practitioner functions, but in joining together represent a valuable resource of quality assured public health expertise, versed in, but independent of the systems in which the specialists are employed.

The first appointment of medical officers of health was in 1856. From then until the reinstatement of the Scottish Parliament in 1999, the professional deployment of public health specialists was broadly similar across the UK. When responsibility for health was devolved to the Scottish government, the public health systems across the UK became more distinct and divergent. However, FPH remains an organisation for all UK public health professionals; this has necessitated FPH professional standards that can be equally applied in all countries of the UK. From the independent professional perspective of FPH, it is possible to maintain an overview of the challenges and enablers of maintaining these standards in the differing UK public health systems.

Public health function in Scotland

From an FPH perspective, particular strengths of the public health function in Scotland have been:

- Strong commitment to addressing public health issues at the level of Scottish Government; and a distinguished track record on issues such as minimum unit pricing (MUP) of alcohol.
- The stability of its public health system since 1974. This has enabled the public health function in Scotland significant protection from the distraction of repeated changes of employment and varying organisational objectives.
- A strong relationship between FPH and the Scottish Parliament.
- The highly developed health information/ health intelligence infrastructure, which supports both the understanding of health in Scotland and identifies areas in which action can be focused to best effect, for health protection and improvement.
- Support for the independent professional leadership role of the Director of Public Health.
- A well-developed FPH identity in Scotland: participative leadership through the committee of the Faculty in Scotland, (CFPHS), with representation from all areas of Scotland; a successful and longstanding annual Scottish FPH Conference; a developing independent health advocacy function.
- A national organisation focused on health and wellbeing – currently Health Scotland – with a strong independent professional voice.
- The opportunities for individual public health specialists to work both in a local setting and on a “once for Scotland” basis. This has been particularly well supported

through the Scottish Public Health Network and through other formally supported professional collaborations such the Health Protection Network.
- Long established multi-agency and cross boundary working practices.
- An uninterrupted tradition of public health working within health care.

Both the implementation of a new national public health organisation for Scotland and the ongoing process of public health reform and subsequent development create many opportunities to further build on these strengths.

Our place in global public health

Of course, the public health function in Scotland is integral to the function across the UK, with major collaboration over health protection and screening programmes. As globalisation clearly impacts on many aspects of health, the public health function in all areas of the UK must foster collaborations within Europe and across the world.

FPH contribution to Scottish Government Public Health Reform Process

FPH has welcomed its formal and informal involvement in the Scottish Government Public Health Reform process, through membership of the Oversight and Programme Boards, and contribution of FPH members to the leadership and conclusions of many of the Commissions.

In addition, FPH has welcomed Scottish Government workshops and informal consultations with FPH members at the annual FPH conferences and general meetings.

Over the course of the past two years, FPH in Scotland has held a series of extraordinary general meetings at key stages of the reform process, so that all members living and working in Scotland have been able to report on their involvement in the activities of public health reform, to discuss output from the process and to share views on next steps. Public health reform has also been a routine agenda item for CFPHS and the UK FPH Board. Through membership of the Academy of Medical Royal Colleges, FPH has supported a conversation on public health reform with peers across the medical profession.

Developing the FPH statement on public health reform and subsequent development in Scotland

This statement draws on the output of all the above FPH involvement in public health reform. The statement has been approved by CFPHS and FPH Executive Team.

Protecting Health Commission

A range of stakeholders were involved in this commission, including representatives from health and third sector. This commission had identified a range of key issues and concerns. A key issue is clinical leadership for a range of specialisms, including nurses, public health, vets, scientists, environmental health etc. Public health leadership is essential in protecting health with the need for a strong voice.

Improving Health Commission

This commission had a good shared understanding of the things on which it needed to focus. It has produced several very helpful papers, including a document entitled Key

Challenges. This document explored the many factors that will make the largest impacts to health outcomes which are out of the control of the health service and the need to go upstream and focus on the broader determinants of health, environments and support local areas. The commission had set out three ambitions: (1) advocacy for health as a human right and shared ownership for this across the health sector; (2) adopting the health in all policies approach; and (3) priority be given to prevention both locally and nationally. To do this there needs to be a focus on data and evidence, strengthening of partnerships and responsibilities and move to influence others.

Underpinning Data and Intelligence Commission

From the outset, this commission recognised the synergies between the different commissions and the fact that data and intelligence will have a big influence on the other commission outputs. There is an opportunity to make good use of a whole system intelligence and the new Public Health body provides an opportunity to address the social determinants of health. Priority of resources should be based on need (capacity to benefit). A key aim of this should be to avoid duplication of data and intelligence, supporting what is happening nationally and multi-disciplinary working.

Population Integrated Care Commission

This commission had been taken forward with wide stakeholder engagement, including inputs from planners, directors, service users and health care public health. There was limited understanding of the term “healthcare public health” amongst some stakeholders. In contrast to the other commissions, which generally have focused on what needs to happen nationally, this commission also focused on what needs to happen at a local level. The commission expressed general support for networks and supported collaborative working. Population integrated care encompasses equity, sustainability and inclusiveness in health care provision. Reference was made to the need for transformational change and the need for more research both locally and nationally. There are diverging views around population integrated care as a concept and the FPH specific definition of health care public health. It is also unclear where the functioning of NSS’s National Specialist Services and Screening Divisions, and of Healthcare Improvement Scotland relates to the work of this commission.

Target Operating Model for Public Health Scotland (TOM)

FPH recognises the considerable co-production work and staff development that has underpinned the production of the early versions of the TOMs for the establishment of Public Health Scotland (PHS). The close working of local and national government in the current design and future operation of the national organisation will potentially yield benefits in focussing Scotland’s nationally based health resources across the broad range of settings in which public health functionality needs to be supported and developed.

Once for Scotland, international leadership and local support

Public Health Scotland will need to support Scotland's interests in the UK, European and world-wide contexts; Scotland also has potential to be a world leader in areas such as health intelligence. These functions can only be achieved through agreed ownership across PHS sponsors, in acknowledging the shared value of these elements of the public health function. However, in order to deliver health benefits across all communities in Scotland, PHS must also balance its national and international roles with a focus on supporting local adoption and implementation of public health strategies. It is likely that the tension inherent in maintaining this balance will be remain a feature of further developed TOMs.

Professional Leadership

As the TOM continues to be shaped, it is essential that the new organisation recognises the criticality of specialist public health expertise and professional experience within its leadership function. FPH strongly supports the establishment of registered public health specialists operating at executive and all other senior levels within Public Health Scotland, to ensure that this critical expertise is best placed to drive the development and operation of Scotland's efforts to make the step change required to improve the health of all people in Scotland. The professional leadership of registered public health specialists is particularly critical to effective functioning of the health protection, health improvement and health-care public health domains of Public Health Scotland's functions, and to guide the effective use of PH intelligence for strategic decision making.

Networks of expertise and collaboration

Now that the technology for remote working is well established and readily accessible, the newly established Public Health Scotland can take advantage of opportunity to make the best use of the public health expertise that is based across Scotland. Given that currently public health experts are employed across a range of organisations in Scotland, many in territorial health boards and local authorities, a networking approach can be used to ensure maximum access to relevant expertise within Scotland. There is already significant experience of this in Scotland. The Scottish Public Health Network (and its specialist sub-Networks the Scottish Managed Sustainable Health and the Scottish Health Impact and Inequality Assessment Networks), the Health Protection Network, and the North of Scotland Public Health Network are excellent examples of such collaboration at national and regional level. The approach could be usefully extended across other areas of public health priority.

Environmental Sustainability

Although not currently an explicit area of national public health priority, a simultaneous focus on environmental sustainability is required for the sustainable enhancement of people's health. Therefore, FPH recommends that environmental sustainability should be prioritised as a distinct component of the PHS TOM, with a clear recognition of – and encouragement for – the existing work being led by Scottish Managed Sustainable Health network in this regard, working in collaboration with the FPH Sustainable Development SIG.

Supporting people's right to health and ethical decision making in public health

An important priority of NHS Health Scotland has been in supporting people's right to health; this is equally prioritised by FPH and endorsed by the UK Public Health Network. As Public Health Scotland develops its Target Operating Model, it is therefore essential that this function is maintained and further enhanced.

Recognising that decisions about public health are frequently complex and nuanced, FPH has fostered creation of public health ethics networks across the UK. Although a relatively recent development, the public health ethics network in Scotland is well established. Through commitment of Public Health Scotland to this network, of the type currently being provided by ScotPHN, there is an opportunity for Scotland to continue to lead on public health ethics in the UK and across Europe, as well as providing a national sounding board on the many ethical issues that are integral to current public health practice. Collaboration between Public Health Scotland and the Public Health Ethics Network in Scotland should therefore be prioritised from vestment of the new public health organisation and be a formally stated component of the substantive Target Operating Model.

Health in All Policies

Health in all policies (HiAP) is an approach that aims to ensure that all public policies are specifically designed to impact positively on population health, and to address health inequalities. Through its Advocacy sub-group, CFPHS has been exploring practical ways to deliver a systematic HiAP approach in Scotland, either through extended use of health impact assessments, or through legislation impact on policy design. Both approaches are resource intensive and especially draw on public health specialist expertise. The current conclusion of CFPHS is that the use of health impact assessment – drawing on the existing work of the Scottish Health Impact and Inequalities Network – should be prioritised to areas which are likely to yield the greatest improvements in health. As this type of work is most likely to be applicable universally across Scotland, through national or local government, the function should be a component of Public Health Scotland's Target Operating Model.

Commission on development of the Specialist Workforce

The above commission reported to the Public Health Reform Oversight and Programme Boards in April/ May 2019.

FPH welcomes the transparency of the process used to gather views of stakeholders in future delivery of the public health function and acknowledges the substantial effort required to assimilate the output of the broad discussions into clear recommendations for development of the specialist public health workforce.

FPH also welcomes the Commission's recommendation that development of the specialist workforce will not require massive structural change. Notwithstanding the benefits of avoiding unnecessary disruption of public health services, it is unlikely that the changes proposed by the Commission will be possible solely through reprioritisation of existing specialist services.

In making the case for change, the Commission worked on the assumption that:

" …the status quo has not been successful in delivering the level of improvements that we want to see for the health and wellbeing of the population of Scotland…."

While acknowledging the need for a step change in health status of the Scottish population, FPH does not attribute this requirement to inadequacy in the efforts or orientation of existing public health services, rather to a combination of insufficient resourcing of the public health function to deliver optimally, and recognition that many of the determinants of health in Scotland remain beyond the scope of professional public health intervention.

Formalisation of Public Health Leadership and Support in Local Settings

The design of the Commission's work was such that the role of local planning partnerships in the delivery of national public health priorities was considered at all stages and in all proposed models, and recommendations for development of the workforce in this respect are therefore well represented in recommendations.

While FPH welcomes these recommendations of the Commission, it is critical that all stakeholder organisations recognise that:

- significant resources will be required for development of public health input to local authorities, IJBs and CPPS, in order to deliver a professional specialist public health function equitably in this widely dispersed setting;
- FPH is well placed to support the training and development of the existing and additional specialist workforce, drawing on the experience of public health services that have been successful in delivering effective leadership and support in Community Planning Partnerships and Integrated Joint Boards in Scotland, in local authorities in England, local settings in Wales and in other similar settings internationally;
- development will also be required within CPPs to increase understanding of the step changes required to improve Scotland's health;
- engagement with the public is also essential to ensure that the need for reprioritisation of local services is understood and accepted.

While it is recognised that different localities will have differing needs, FPH also recommends the implementation of minimum standards of public health service provision that should be available to local populations. This will pose particular challenges in Scotland, especially because of the remoteness and rurality of many communities. FPH is well placed to draw on the expertise and broad experience of its membership and partner organisations in Scotland, and across and beyond the UK, to support the development of such standards.

Regional delivery of certain specialist public health services

The Commission report indicated that several areas of specialist public health work be considered for development on a regional basis.

Public health screening programmes

The implementation of public health screening programmes, in accordance with national standards, has been particularly successful in preventing certain types of cancer, and identifying diseases at an early enough stage that medical intervention is most effective.

To deliver the screening programmes, it is recognised that specialist public health input is required within the local, regional and national components of screening programmes. It is anticipated that, in the foreseeable future, additional screening programmes will be required, and existing programmes will continue to improve both effectiveness and efficiency. The specialist public health workforce for screening, needs to be developed to lead and support these changes in screening. Preliminary work, already undertaken by public health specialists currently involved in screening, has identified that future development of the public health workforce in screening will need to be at all levels – local, regional and national. The recently published national review of screening governance has similarly identified key roles for the specialist public health workforce in screening governance, at national and local levels. At present, the specialist public health workforce in screening has insufficient capacity to meet the current and projected roles; an increase in consultant capacity is required to support national screening roles; and in order to make more effective use of scarce local consultant resource at regional level, there will also need to be development of skill mix in the local public health screening function.

However, most of the adult screening programmes have been demonstrated to have differential uptake linked to degree of socio-economic deprivation. It is clearly unsatisfactory that major public health interventions can increase health inequalities in Scotland, so additional efforts are required to address the inequalities issues in national screening programmes. Recent Scottish Government investment in tests of change will potentially enable strategic development to address health inequalities in screening, once the initial projects are reported an evaluated. FPH is well placed to support appropriate independent professional evaluation of this important initiative.

Health Protection Out of Hours Function

The SPHW Commission has also recommended consideration of regionalisation of the health protection out of hours functions currently provided by health boards and local authorities. With respect to the deployment of the registered specialist public health workforce out of hours, FPH has identified the following issues:

- There is currently wide variation in the public health specialist services provided out of hours in different parts of Scotland. To some extent, these variations relate to the nature of the population served, with sparse, widely dispersed populations being served by more limited out of hours services. However, all variation cannot be explained on the basis of population density. FPH recommends that minimum standards for out of hours services are developed so that national and local government in Scotland can be confident that the entire population is adequately covered for out of hours public health issues that may arise. Such minimum standards need to address the co-ordinated delivery of the out of hours function at both local and national levels, ensuring an appropriate balance of local knowledge and topic specific national expertise to be able to address foreseeable contingencies.

- While all registered general public health specialists in Scotland are recognised at the point of specialist registration, as having a license to practise in some capacity out of hours, a significantly smaller proportion of the specialist workforce is deployed in out of hours work. This is despite existing out of hours public health services being under significant pressures due to the difficulties in staffing the rotas exclusively from Health Board based staff. Of course, the maintenance of specialist expertise to deliver out of ours practice requires both individual and organisational commitment to relevant continuing professional development (CPD), and guidance on the nature of CPD required can be made available from FPH.
- FPH recommends consideration of innovative approaches to delivery of the out of hours public health function in Scotland, for example, development of a more comprehensive and less varied out of hours service across Scotland, with standardised delivery of local and national components of out of hours services using protocol- based practice wherever possible and formal handover procedures between in-hours and out of hours health protection services.
- Further development of the specialist health protection function should also include nationally based major emergency procedures with provision for redeployment of the entire registered specialist public health workforce in support of the response to an exceptional, significant and sustained public health incident in Scotland, e.g. an outbreak of SARS equivalent to that sustained in Toronto. Such provisions should also recognise the impact on other areas of public health practice, for example on public health screening programmes, and drugs and alcohol services etc. In designing a sustained nation-wide public health response, there should also be explicit planning for business continuity of other essential public health services.

Integrated Local Public Health Teams

FPH is warmly supportive of the Commission recommendation that public health reform in Scotland should foster the continuation of integrated local public health teams, as fragmentation of the local public health function has many disadvantages and poses many risks to maintaining the range of professional functions in specialist public health practice.

Developing and supporting the public health practitioner role

Fostering integration at Board level may increase the challenge of maintaining a visible specialist public health presence at CPP level. FPH has already identified that the desired level of public health input to CPPs is unlikely to be achieved simply through reprioritisation of the existing specialist workforce. Further development of the registered public health practitioner role, embedded in CPPs, but supported as an integral component of local health board public health teams, would go some way towards addressing this challenge. In addition, collaborative working between CPPs, within a Board area or region, on issues such as interpretation of the public health evidence base, and evaluation of public health interventions would support effective use of more scarce registered specialist resources at a local level.

Formal public health networks

FPH is also warmly supportive of building on the existing worth of the formal public health networks in Scotland (ScotPHN and the HPN) to further develop very close working between

the local specialist function and Public Health Scotland. These networks already work to avoid unnecessary duplication, make best use of available expertise, and for the mutual benefit of the individuals and organisations involved, but more can clearly be done. The public health specialist function has contributed to – and explored new ways of achieving – this type of integration within previous organisational structures, with varying degrees of success. Formal professional network arrangements have worked well in healthcare public health, health protection, and where there are specialist requirements in Scotland. These approaches should be considered in other areas of specialist public health practice, where a "once for Scotland" approach is desirable. Better utilisation of current technology within specialist public health will undoubtedly assist in achieving this integration. Sharing expertise across organisations will also support maintenance of essential professional standards and continuing professional development for all specialists.

FPH recommends that the existing formal collaborative and networking arrangements operating under ScotPHN in mental health, drug and alcohol misuse, child health, community health improvement, and NHS based health and service quality improvement be further extended to support the specialist public health workforce in delivering its local work. For some years now, FPH has hosted informal UK wide special interest groups in public health which could offer mutual support to formal professional public health networks in Scotland. An existing model for such working is already in place in relation to the FPH Sustainable Development SIG and the SMaSH.

Role of the Director of Public Health

FPH supports the role of the Director of Public Health as an independent professional expert and authoritative advocate on the health of their local population. Extending the scope of the DPH, by agreeing objectives across health boards and local authorities, will potentially offer a greater opportunity for influence over those determinants of health affected by the public sector. But it will be challenging to ensure that the Directors can remain professionally independent of their employing organisations, and supported to exert influence beyond the public sector, where appropriate.

The expertise, and leadership capability of consultants in public health should also be recognised and valued by public health stakeholder organisations, for its professional equivalence with that of Directors of Public Health. Adherence to formal professional standards will ensure that all organisations can be confident in the quality of the public health input they can access from the whole integrated local public health team.

FPH recommendations on current process of Public health reform in Scotland

In addition to the recommendations of the SPHW Commission, FPH recommends:

Year 1

1. Establishment of a specialist workforce development strategy, to:
    a. increase the public health workforce, including the consultant workforce, to meet the needs of CPPs, in screening and essential development in other public health priority areas. This should include continuing professional

development of registered and non- registered specialists to respond to the changing challenges on the public health function.
   b. develop the registered public health practitioner function to improve skill mix in public health domains other than health protection.
   c. enhance public health stakeholders' understanding of the issues and challenges of addressing the national public health priorities.

2. Enhancement of the PHS TOM to:
   a. ensure that the organisation leads on and develops a healthcare public health function from inception.
   b. incorporate a Public Health Ethics Function with a focus on people's right to health.
   c. include leadership and support of additional specialist public health networks in the areas specified in this statement.
   d. establish collaborative working with FPH to develop minimum standards for the out of hours public health function across Scotland.
   e. incorporate a Health in All Policies function.
   f. Incorporate an environmental sustainability function.

Year 2

1. Implementation of the specialist workforce development strategy in full
2. Implementation and monitoring of minimum standards for out of hours public health function across Scotland.
3. Establish processes for monitoring and evaluation of the progress of public health reform to improving the mortality experience of people in Scotland, and in tackling the national public health priorities.

Future Partnership working with FPH on Public Health Reform:

Annual FPH conference

A huge success of FPH in Scotland has been its annual conference, which has provided an independent professional educational forum and networking opportunity for specialists, practitioners and all others interested in advances in public health. Over many years FPH has worked in close partnership with NHS Health Scotland and with local health boards to produce this successful conference. As public health reform progresses in Scotland, FPH will seek to maintain a mutually beneficial partnership with Public Health Scotland and with other interested stakeholder organisations in accordance with FPH Charitable Aims.

Implementation of Public Health Reform

FPH has valued involvement in the process of Public Health Reform and aims to continue to be engaged throughout implementation.

As the changes of public health reform are implemented, FPH will continue in its primary role in setting standards for public health practice, for specialists and practitioners; in support of the reform agenda, FPH will also seek to work with Public Health Scotland,

Scottish Government, COSLA, SOLACE, REHIS and voluntary sector partners on professional training and public education around the national public health priorities.

An initial step will be to offer a collaborative workshop on curriculum development to better meet the emerging needs of the specialist public health workforce in Scotland. FPH will look for ongoing engagement with the reform process to identify further opportunities for collaborative working.

Monitoring and Evaluation of Public Health Reform

Evaluation will be critical to the success of Scotland's complex and wide-ranging public health reform process. While a significant step change in the mortality experience of the Scotland must remain the ultimate focus of evaluation, monitoring of improvements in the experience of specific population groups, and in achievements relevant to national public health priorities will be necessary to determine whether our public sector is making appropriate progress. FPH will be keen to play its part in monitoring and evaluation of public health reform in Scotland.

Public Health Reform Beyond the Public Sector in Scotland

It is widely recognised that, while the public and voluntary sectors have a critical role in the protection and improvement of public health, there are other influences on public health. FPH will maintain its advocacy work to encourage action in areas such as income, adverse childhood events and partnership working on alcohol, drugs and tobacco. By supporting public debate and political action in these areas, FPH will seek to extend influence the reach of public health reform to address the challenges posed by those aspects of our societal organisation that remain detrimental to the health of people in Scotland.

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Convenor of FPH in Scotland
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