

Question 1

1) More of an upstream focus – what does that mean to you and how is it best achieved?

An emerging theme from the analysis of the engagement responses has been that public health should develop a more 'upstream' focus.

Public Health includes being a 'population advocate': This would involve advocating and lobbying on 'upstream' issues that affect public health (e.g. welfare reform, local development planning, etc.).(Analysis of responses)

There is currently "A focus on behaviour change activity at the expense of time devoted to wider determinants of health e.g. housing and employment. (NHS Board, 85)"

Targets have... "created very much a service output focus rather than a community/population outcome which emphasises the risk of health improvement being seeing solely as an NHS agenda". (Partnership, 21)

We must encourage more people working at the front line to advocate for upstream policies which will improve socioeconomic circumstances, and in turn improve public health.... [T]he remit of public health should be widened and moved out of the umbrella of medicine to include issues such as climate change, travel, housing, local environment, diet and employment. (Third sector, 35)

Dundee Engagement Discussions/Answers to question 1

| Name of facilitator | Question 1. More of an upstream focus – what does that mean to you and how is it best achieved? |
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| Mary Colvin | <p>The definition of upstream is the root cause, it is critical to define this. Housing, education, WHO definition, primary prevention and secondary hospital.</p> <p>What have we got that will make things better? Deficit model. Restriction in the level at where we work. Education – closing down into boxes. Town planners get in terms of PH, they do but do they use it when becoming a practitioner?</p> <ol style="list-style-type: none"> 1. Critical to define 'Upstream' 2. Political cycle 5yrs/Budget cycle 3yrs 3. Education: Town planners in PH, transition into practice 4. Acute Care – Your personal identity but move away from health, responding to targets, collective action 5. Community planning – we need local data/intelligence on housing, employment and economic development. We need to data to improve. The data is citizen data – quality of life. Need to share the data we have, what works for Scotland 6. It is our job to be at a meeting about welfare reform. <ul style="list-style-type: none"> Community Empowerment Bill – we could and we should <p>Disproportionate of time on behaviour change, tobacco a good example of where it was a n element. Job of wider workforce</p> <ul style="list-style-type: none"> • Transformational change • H&SCI - challenges. Where they get leadership/knowledge. Think widely about the assets of professionals • Currently very definite about what they want • Possible solution – the dialogue with the community and then the professionals listening • Share more of what works • List of best achieved; CPPS, Education, Data – not restricted, 2 models – some transition guide on where we are now and where we want to be <p>Review might re-brand PH</p> |
| Roy Stewart | <p>Prioritisation across the spectrum from gestation to old age. PH profile? Definition of PH? Root causes?</p> <p>Community at the heart, PH is everyone's business.</p> <p>What value does PH bring to the localities/communities? Needs to be more locally integrated.</p> <p>Cultural edifices – politics with a little p – role of PH big or small?</p> <p>Government departments need to communicate, set the scene for CPPs, clear strategy's and budgets.</p> |
| Melanie Tsagalidou | <p><u>Upstream?</u></p> <p>Not in common use, prevention is used. (Shared language can be</p> |

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| | <p>reinforced)</p> <p>Tayside – work with communities to determine what the precipitating factors should be considered and how progressed. E.g. CPP prevention shifts – demand created by failure elsewhere in the system.</p> <p>Upstream – more than a single concept – problem, everything is PH.</p> <p>Once we understand the outcomes and how to track back, can then concern ourselves with what constitutes ‘Upstream’.</p> <p>Scottish Government commitment – moving from lip-service to action: advice to government.</p> <p>PH outcomes need to address upstream actions in range of organisations.</p> <p>Welfare reform is an example of this – equality well initiative.</p> <ol style="list-style-type: none">1. Local action for immediate upstream2. Performance/manage the upstream3. Shared learning for change <p>Need to create better shared understanding:</p> <ol style="list-style-type: none">1. Upstream – prevention2. Upstream to upstreams – sometimes shared (structural) – understanding (governance) – sometimes not (experiment)3. Upstream PH outcomes must be the focus for Scottish Government (advocacy lead). National support with agencies and communities4. Welfare reform and equality well initiative – good examples of moving upstream – shared learning is needed5. Commitment from Scottish Government to actively support and create the political will |
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Edinburgh Engagement Discussions/Answers to question 1

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| Ron Culley | <ul style="list-style-type: none"> • Community based support and interventions support upstream e.g. community pharmacy • Performance management and data harvesting often doesn't support upstream • Communication and public understanding very important to preventions • Examples of universal upstream intervention: immunisations • Examples of targeted upstream intervention: child smile, five prevention, housing adaptation • Debate about universal versus targeted • Importance of building and supporting community capacity • Ethos as important as intervention |
| Tim Patterson | <p>What upstream factors are we talking about? Approadies' Proportionate universalism: different needs and appropriate responses Level: National - Local Upstream as prevention and mitigation – wider view</p> <ul style="list-style-type: none"> • Lifestyle • Education • Early Years <p>National: Health in policy Local: Health in planning and environment Together, individuals building resilience PH issues should be a priority at all levels.</p> <p><u>How to achieve:</u></p> <ul style="list-style-type: none"> • PH profile in wider decision making processes • Supportive environment for individuals • Promoting equality of health • Strong comprehensive services important but PH is much broader (focus on most vulnerable) • Complex problems require complex solutions – working together at different levels, diversity of response • National PH strategy which includes National and Local focus <p><u>What is our role?</u> Local:</p> <ul style="list-style-type: none"> • PH advocacy • Changing expectations – users and non-users • PH should look more broadly to working with partners • Reaching a common approach/shared agenda • Providing skills for response • Differing levels of input as required |

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| | <ul style="list-style-type: none"> • Include health and social inequalities in health impact assessment plans |
| Ishani Erasmus | <p>Upstream – What does it mean?</p> <ul style="list-style-type: none"> • Health promotion and interventions to prevent/delay ill health • Policy that is conducive to healthy behaviours – tackle inequalities • Early interventions e.g. healthcare interventions, so looking at whether interventions are effective and cost-effective • To how upstream can you influence • Evidence needed • How upstream do you go? <p>Need mix of upstream and downstream. Different balance – case specific. Understanding outcome of different measures.</p> <p>Extent of influence of Public Health?</p> <ul style="list-style-type: none"> • Taking the public with us • Strong research/evidence on causes • Lobbying – understanding how political systems work and learn to manage relationships/partnerships: • Work together, learn from each other, how policies are enacted/implemented • Preventative agenda – smoking etc. • Identifying who’s going to do what • Making links • Learning – what critical success factors • GP contracts – dove-tailing with pharmacy contracts <p><u>Benefits</u></p> <ul style="list-style-type: none"> • More cost effective • Prevention • More careful financial planning – focus resources on prevention • Which intervention gives best value – individuals quality of life • Downstream is also important e.g. policy implementation <p><u>Key Points</u></p> <ul style="list-style-type: none"> • Wider determinants e.g. poverty, climate • Work with politicians, industry, markets, economics • Start asking the questions, begin thinking • Wellbeing • Huge complexity – it takes everyone • Social prescribing already in place • Health and Social Care integration – should help, but still very defined thinking about what social care is • Social Care budgets have been eroded • Integrated budgets • Not about thing but about doing and identifying levels |

Glasgow Engagement Discussions/Answers to question 1

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| Anna Baxendale | <p>Wider determinates and fundamental causes of inequalities – health inequalities and quality of life. Ownership ‘wider than health’. Advocacy role. Strategic focus National policy legislation.</p> <ol style="list-style-type: none"> 1. Prevent 2. Undo 3. Mitigate <p>Language – different levels and influence.</p> <p><u>Challenges</u></p> <ul style="list-style-type: none"> • Traditional health agenda/targets/roles given to organisations HSCPs and boards • Influence needs to be balanced in reality not political biased – elected members context. Public servant role...difficult to influence in same way as health – skill set change • Recognition of PH skills/functions/roles required, quality • Application of PH data by wider audience not well done yet • Workforce needs greater focus on ‘Big Issues’ and skills to work in political environment – readiness • Lack of ‘joined up’ government focus on principle determinants...education – cross portfolio <p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Accountability for PH required of organisation level • Strong national and political leadership across multiple organisations/professional groups – position statements • Evidence and research base/applied practice – impartial/independent direction informing decision making ‘Valued’ but not sole determinant • Legitimise expectations on PH role at local level in HSCP/ CPP and communications • Data and analysis to support focus. Comparable and specific profiles (too cluttered...who does this? New role?) Capacity building in locality to use data – build PH leadership role of others • E.g. Tobacco – PH focus – cluttered and not getting to frontline. Briefing papers...Tobacco strategy – 47 recs ownership? Legislation impact – similar for other issues – learn but could be better • CMO and minister – PH portfolios – national voice <p><u>Best achieved</u></p> <ul style="list-style-type: none"> • Clear national priorities – cross government – multi policy unit • Defined responsibilities for ‘orgs’/levels – level of accountability • Universal language for PH |

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| | <ul style="list-style-type: none"> • Sustainability/longevity...capacity building and process and buy in then outcomes • Evidence based approach – equipping with data and info • Advocacy and leadership, national voice, CMO/minister – prevent, undo, mitigation • Address the silo’s – gov/topic/roles of orgs? (improve SG policy and implementation links and evidence) • Target driven (numerical targets) – distracting and short term • Strong workforce – skilled/regulated/competent |
| Evonne Bauer | <ul style="list-style-type: none"> • Focus on prevention/early intervention • Political aspects • PH input at planning stage • Working through planning – outcomes • Upstream – resource the key priorities • Upstream versus downstream • ‘Earliest’ intervention • NHS works individuals and their actions • Community and population based work is upstream • Environmental health <p>Community planning/SOA recognition of PH</p> <ul style="list-style-type: none"> • Las do a lot of work that isn’t recognised as PH • Education role in PH • Las started off as PH authority (1974 transfer LA – NHS) • Community safety key to PH • Local neighbourhoods important • Inequalities rather than health inequalities • PH legislation being used by LAs? <p>Examples; Power of wellbeing – 2008 act, licensing, smoke free play parks.</p> <p>Regulatory/Statutory role priority. Home safety role with LA? Depleted (impact on young/elderly/vulnerable population).</p> <p>Community planning/SOA – get PH as key role.</p> <ul style="list-style-type: none"> • Housing stock – public/private (owned or landlord) • Fundamentals of living – secure, dry home • Target approach – tobacco – hard to reach smokers • Core issues – housing, employment, living wage (the working poor) <p>National context important. Local context equally as vital in review. PH targets not necessarily delivered by NHS (i.e. tooth brushing in nurseries).</p> <p>Restricts CHP ability to make change.</p> <p>Evidence Silo working.</p> <ul style="list-style-type: none"> • Education – difficulty engaging with LA • PH – NHS, LA, voluntary sector, consider range partners to deliver <p>Funding – depleted resources. Ensuring delivery.</p> <p>Social work – client based and not population based. Social work and</p> |

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| | <p>education – should have a huge role in PH. Social work is client based, not well-being of neighbours/communities. Increased awareness ‘cross fertilisation’ of knowledge. Health Protection: CPHM and LAs</p> <ul style="list-style-type: none"> • Joint Health Protection Plan – revival • Joint Public Health Plan? • Some authorities still have Joint Health Imp. Plan • Could use JPH Plan to deliver locally <p>Upstream – where we want to be, PH everything matters, complex, upstream and downstream measures necessary (currently confusing)</p> |
| <p>Karen McGuigan</p> | <p>What does upstream mean?</p> <ul style="list-style-type: none"> • We have made a simple analogy very complicated • It needs to be about local ownership and what works for local communities • It’s about prevention and developing assets (local people are the experts) • It’s also about sustainability and empowerment <p>The whole environment in which we work dictates the type of work we do – we are currently driven by behaviour – focussed targets. Community planning is key – needs to be less process driven. How do we achieve ‘upstream’?</p> <ul style="list-style-type: none"> • Link into community planning structures • Take a long-term perspective – sustain resources • Use community development and asset based approaches • We need to be clear on who is communicating and delivering the policies at local level. Linking policy into delivery • How and who? |
| <p>Ruth Mellor (Brian O’Suilleabhian)</p> | <p>Meaning of upstream;</p> <ul style="list-style-type: none"> • Local government level, ministerial task force • At odds with downstream • Different meanings – cross purposes, disjoint on terminology • Different areas at different stages, identify common factors between areas and teams • I.E Tobacco legislation • Fundamental causes; legislation, local government (housing, education and employment) – how best to put evidence into practice • Community and co-production – E.D. community asset map, online, 700 assets – individuals can make own asset maps <p>Best achieved?</p> <ul style="list-style-type: none"> • Upstream legislation • Action plans and consultations • Consistency of policies • Staff knowing about policies via core competency • Core competency - understanding roles, responsibilities and |

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| | <p>pathways of who to go through, linking work and communication</p> <ul style="list-style-type: none">• Appreciating wider roles and how they feed in• Advocacy work, lobbying for change• Sort out terminology – confusion• Leadership at local government level – so can have a vision which can then be imbedded – simple outcome agreement• How best to implement particularly if not a local priority• Local data• Shared priorities – otherwise won't work (reduce reactive working)• Strategic partnership i.e. taxi driver smoking during commonwealth games |
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Inverness Engagement Discussions/Answers to question 1

| Name of facilitator | Question 1. More of an upstream focus – what does that mean to you and how is it best achieved? |
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| Cath King | <ul style="list-style-type: none"> • Harry Burns comments re criminal disclosure – a good example • Tackling obesity needs to tackle food producers - big business, labelling etc. OBSOGENIC ENVIRONMENT. Labelling etc • Bad targets are bad – we need to get better at outcomes • <u>Policies that address upstream issues – licensing/gambling good examples</u> <p style="text-align: center;">↓</p> <p style="text-align: center;"><u>Benefits/welfare reform needs to be addressed</u></p> <ul style="list-style-type: none"> • Parenting. Collaborative approaches • Tackling isolation – move away from reliance on SIMD • Aging population • <u>Changes to political landscape:- how to maintain national policy direction & local focus</u> • Bring back Harry Burns!! (or at least an independent voice that is consistent!) <ul style="list-style-type: none"> ↳ strengthen DPH role locally. Joined up connectivity to different SG depts. <p><u>Upstream Focus</u></p> <ul style="list-style-type: none"> • Evidence base for initiatives that tackle wider determinants? <p style="text-align: center;">↓</p> <p style="text-align: center;">Yes/No/indifferent!!</p> <p><u>PH - role in contributing to evidence base</u></p> <ul style="list-style-type: none"> • Inform robust universal services • Community cohesion(resourced) • Remoteness/sparsity growing • Some areas are not recognised as rural • Travel!! Transport <p><u>Rural:-</u></p> <ul style="list-style-type: none"> • Work on enhancing coping mechanisms/resilience • <u>More maximisation of resources e.g.</u> <ul style="list-style-type: none"> ○ Fire brigade doing first responders etc ○ Generic approaches to PH ○ Premises ○ Everything partners bring to the process ○ Consistency of policy across partners ○ Integration – Highland already still developing <ul style="list-style-type: none"> ↳ how could it work elsewhere? ○ Workforce development • Move away from short term funding for community posts • IMPORTANCE OF COMMUNITY PLANNING • Measure/focus on educational outcomes • SIMD quintiles (including vocational qualifications – move away |

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| | from focus only on academic achievement) |
| Rob Henderson | <ul style="list-style-type: none"> • <u>Political</u> support • HPI/HPT roles • Embed in routine practice • Exemplar role of NHS 'employer' • Create health promoting environment <p>Upstream – not new</p> <ul style="list-style-type: none"> • How do staff do it? Developing skills • Perceptions of PH – medical model • Principles & values underpin work • Surprise at what PH does • Clear of vision – need to set out • If in community expect a service • Levels of staff/expertise at community level • Wider determinants are role of NHS • PH – don't feel too precious → don't tell people what to do • Visibility • 'wider' workforce <ul style="list-style-type: none"> → induction packs → board member 'induction' • 'Stop' doing certain things – what are they? • PH input to developments • Leadership for change • Integrated teams • Promote 'prog' e.g. immunisation |