**Workshop with Professor Sir Michael Marmot and Public Health Leaders in Scotland**

**4 November 2019 (Afternoon)**

The Scottish Public Health Network (ScotPHN) arranged a workshop with Michael Marmot to which the Scottish Directors of Public Health, the Scottish Health Promotion Managers and the Speciality Registrars were invited.

Michael Marmot reflected on the morning’s discussion and there were three presentations from each of the national leadership groups as follows:

* Stalling Life Expectancy led by Lynda Fenton (Speciality Registrar in Public Health)
* Community Empowerment led by Anna Baxendale (Head of Health Improvement, NHS Greater Glasgow and Clyde )
* Child Poverty led by Dona Milne (Director of Public Health, NHS Fife)

Those in attendance were then asked to agree a set of actions for Scotland. The groups identified the following:

* Public Health leaders should advocate more strongly on the causes and consequences of health inequalities and stalling life expectancy. Advocacy should be a core part of their professional role. It was acknowledged that there is a development need to ensure confidence in advocating and that this could be daunting, and that professionally, we need to look after each other. Public Health leaders should be talking about economic policy, taxation and welfare reform.
* Public Health leaders should also advocate for a ‘Once for Scotland’ approach. A core message that is clear and consistent, coming from all NHS Boards as well as sectors would strengthen the message and make it more powerful and impactful. Where there is evidence, Public Health leaders should communicate it.
* Public Health leaders should be held accountable for the well-being of the population and the communities in their NHS Boards.
* Public Health leaders should communicate (listen) better with their communities and seek to amplify the message those communities wish to convey. However, it was also noted, that the public need to better understand what public health is (that the NHS is not just about acute or primary care services).
* A focus on certain public health issues, could make significant difference to the lives and health and well-being of the population. Issues proposed were housing, the living wage and income maximisation. Public Health leaders should impact on the impact of poverty more.
* Public Health must be better represented at Community Planning Partnerships. Public Health leaders must work with others on issues eg health literacy, DRDs.

Michael Marmot closed the session by stating that evidence really matters and that Public Health should not be ashamed of its values.