**Scottish Directors of Public Health**

**Key Issues and actions for PHP 1: A Scotland where we live in vibrant, healthy and safe places and communities**

*The places and environment where people live their lives provide the context for the public health priorities. Safe, nurturing environments which are welcoming to all provide significant opportunity to improve population health and wellbeing and reduce health inequalities across the life-course. There are a range of opportunities to do things differently, to impact positively on population health. There is an immediate opportunity to influence through the refreshed National Planning framework, embedding a Health in All Policies approach across public health and spatial planning and strengthening the social capital of our communities.*

***Place and Health Principles to support the National Planning Framework***  
The review of the National Planning Framework will begin in January with a draft due in autumn. We have an ideal opportunity to support through creation of guiding ‘Place and Health Principles’. This work is already underway, through a multi-disciplinary ‘early adopter’ group. A set of agreed national principles will provide a supportive environment for delivering effective public health interventions across Scotland. We see the ‘win-win’ opportunity embedding environmental sustainability through the principles as an important part of the response to the climate and ecological crisis. The principles will also provide a framework that could support the role of Public Health Scotland becoming a statutory consultee for planning applications. This would give Councils the "teeth" they have asked for when considering applications and asking for more consideration of impact on public health.

***Health in All Policies (to allow timely support for all key policies in local and national areas)***  
The national Place and Health Principles will effectively filter down into our 32 local areas through ensuring *Health in all Policies*. This will support Local Development Plans, but is equally important in Housing Strategy, Economic Development Strategy, Transport, Children & Families etc. This is the obvious flow from the National Principles. The new Public Health Scotland should provide support for local in this area, building workforce capacity to support a *Health in All Policies* approach across Scotland.  This will foster joint working between teams across topics such as transport, housing and Greenspace.

***Social Capital: enabling safe, caring communities***

This is an issue which cuts across all of the priority areas. There are real opportunities to strengthen provision of community facilities, shared spaces and support interaction and community networks. Supporting people to participate meaningfully in local decision-making will have beneficial impacts on mental wellbeing. The recently published *‘Hard Edges Scotland’* report highlights the stark impact of violence and lack of safety which impacts negatively on the lives of individuals of all ages across Scotland. The ‘*Violence Prevention Framework’* and ‘*Equally Safe’* strategies should guide actions.

**Scottish Directors of Public Health**

**Key Issues and actions for PHP 2: A Scotland where we flourish in our early years**

Wellbeing in the early years is a powerful determinant of health and social outcomes throughout the lifecourse, and children’s wellbeing is particularly susceptible to the impact of life circumstances. Current critical policy issues and potential for improvement in the early years are: child poverty, mental health and prevention & mitigation of adversity. All have robust evidence demonstrating harm to child development and life chances and have legislative, corporate structures in place that can be strengthened or re-directed by coordinated whole system approaches.

***Child poverty***

The Child Poverty (Scotland) Act 2017 has local co-ordinators (councils and NHS) working together on maximising incomes and reducing outgoings for families. They act on reducing costs associated with housing and schools as well as increasing incomes through benefits advice and employment. UNCRC incorporation could potentially find against structures creating harm or barriers for CYP as a result of poverty. Priorities for action:

* SG to strengthen fiscal measures and national policy for focus and momentum locally, and must influence tax and benefits system to prevent further disadvantage and see improvements for families on low incomes
* DsPH and PHS to strengthen national and local partnership momentum with COSLA advocating for NHS and LA roles as an employer, e.g. living wage accreditation, more local apprenticeships.

***Mental health***

Prevention is generally missing from mental health strategies which focus on individual behaviours or services. Public Health skills are needed in planning for mental health and CYP including with education to bring population needs assessment, analyses of causal factors, and planning for collaborative action on wider system prevention, including use of PEF. Priorities for action:

* SG refocuses policy and effort on causes and prevention.
* Local solutions include involvement of CYP, families, strengthen community services and regulation alongside technical interventions where needed.

***Prevention and mitigation of adversity in childhood***

Heightened awareness of the impact of adversity of all kinds in childhood has led to political will to take action. The GIRFEC refresh gives more emphasis on children’s circumstances. Priorities for action:

* SG/DsPH bring population level health and wellbeing evidence to all policy portfolios including economic, employment, education, housing, transport, communities etc.
* DsPH to focus CPP efforts on more support for families and communities locally to mitigate and prevent adversity, including community based youth work, family support and actions for improving wellbeing and life chances for CYP across the system and across the lifecourse from pregnancy through to becoming parents themselves.

**Scottish Directors of Public Health / Scottish Health Promotion Managers**

**Public Health Priority 3: A Scotland where we have good mental wellbeing**

Mental health has historically been neglected and remains proportionately under resourced, less well researched and stigmatised in comparison to physical health. However, there is increasing recognition of its importance. Inequality is strongly associated with poor mental health both as a cause and a consequence. A human right’s-based approach is important in driving improvement in population mental health and if we can achieve better population mental health this will reduce inequalities, improve physical health and lead to greater cohesion within society. Currently there is growing demand for mental health support. Prevention and early intervention are crucial in relation to mental health disorders due to onset in young adulthood and their recurring nature.

Building on the strategic direction set out in Scottish Government’s Mental Health Strategy 2017-2027, the Scottish Directors of Public Health and Health Promotion Managers will lead and support action to:

* *reduce the inequalities that lead to loss of mental wellbeing:* 
  + ensuring that an explicit focus on responding to mental health inequalities and addressing equality and diversity dimensions of the development agenda as an integral part of the whole system approach;
  + developing linkages between mental health and wellbeing and the other five PHPs to ensure that the priority given to mental health and wellbeing increases and improvements are delivered through all public health priority areas;
* *improve prevention and early intervention:*
  + steering national direction further towards prevention; through actions in all sectors and policy areas that promote population mental health;
  + using existing resources more effectively, with Scottish Directors of Public Health and Health Promotion Managers committing to being advocates within local systems to develop more preventative and sustainable mental health and wellbeing services;
* *build capacity and partnership approaches:*
  + creating better infrastructures and capacity across all local areas in Scotland to improve public mental health;
  + promoting positive mental health through and with key structures including Health Boards, Health and Social Care Partnerships, Community Planning Partnerships, Local Authorities, community and voluntary sector networks and with the private sector;
  + developing further, the body of evidence-based approaches to good public mental health through support for research and innovation, including strengthening collaborations with the academic and allied sectors .

In committing to these actions, the Scottish Directors of Public Health and Health Promotion Managers recognise that an important aspect of delivery is in translating evidenced local needs and research into meaningful intervention. The national agencies such as Public Health Scotland will therefore have a crucial role in supporting transformational change.

**PHP4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs**

* Alcohol
* Drugs (including Drug Deaths
* Tobacco control

Further content to follow

**Interim DsPH position on Public Health Priority 5 (PHP5): sustainable and inclusive economy**

**Background**

This short document provides an interim position for DsPH on PHP5 as requested following their November meeting. Further work is underway in partnership with NHS Health Scotland to develop the theory, evidence, actions and ways of working to achieve the aspiration in PHP5.

**Current challenges and opportunities**

Life expectancy trends in Scotland, alongside many high income countries, have stalled since around 2012, and this is most likely to be due to economic policies which have decreased incomes for the poorest groups,i reduced the value and increased the conditionality for benefits, and have restricted funding for many public services.ii This has also rapidly increased health inequalitiesiii and compounded the excess mortality in Scotland and Glasgow.iv Poverty, inequality, employment, social security and the economy overall are key determinants of population health and health inequalities. Achieving public health outcomes therefore requires the economy to be designed to achieve population wellbeing,v in line with recent statements by the First Minister.vi

Although many changes to social security policy have led to decreased incomes and increased stress and uncertainty for recipients, there have been supportive mitigation policies introduced, including the new Scottish Child Payment. There are also opportunities following the Scottish policy focus on reducing child poverty and in making a transition to sustainable and inclusive economy.

**Actions**

A series of changes are required to improve population health outcomes through action on an inclusive and sustainable economy:

1. Within health boards and local partnerships, decisions on how to partner with other organisations, how to procure (e.g. using community clauses to maximise positive impacts such as becoming a living wage employer), how to recruit, train and pay staff to reduce inequalities, and how to locate services to provide anchor institutes and to promote local equitable economic activity, can all make a difference (see <http://www.healthscotland.scot/media/2103/strategic-statement-english.pdf>).
2. Ensuring that local health services and partnerships have in place effective income maximisation and welfare rights services.
3. Increasing the incomes of the poorest groups to reduce poverty through increased, and more stable, benefits is likely to have substantial positive impacts on population health.vii
4. Supporting the Citizens Basic Income feasibility work, including resourcing any possible pilot study, will be important in identifying potentially transformative changes for the future.
5. Using the industrial and economic strategies, and associated investment opportunities (e.g. through public spending and investment decisions of the Scottish National Investment Bank), regulations, taxes, planning and public policy, to support economic activities that achieve positive outcomes across policy areas (including health, sustainability, equity, poverty, etc.) and avoid negative consequences. Examples could include investment in industry to retrofit Scotland’s housing stock to minimise carbon emissions, achieve better warmth and health outcomes, and improve the standard of the poorest households most.

**References**

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iv Walsh D, McCartney G, Collins C, Taulbut M, Batty GD. History, politics and vulnerability: explaining excess mortality. Glasgow, GCPH, 2016 [https://www.gcph.co.uk/publications/635\_history\_politics\_and\_vulnerability\_explaining\_excess\_mortality].

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vi Sturgeon N. Why Governments should prioritise wellbeing. TED talk, available at: <https://www.ted.com/talks/nicola_sturgeon_why_governments_should_prioritize_well_being?language=en>.

vii Informing Interventions to reduce Inequalities. Glasgow, NHS Health Scotland, 2019 [http://www.healthscotland.scot/reducing-health-inequalities/take-cost-effective-action/informing-interventions-to-reduce-health-inequalities-triple-i/overview-of-triple-I].

**Public Health Priority 6: A Scotland where we eat well, have a healthy weight and are physically active – *Child Healthy Weight***

*Achieving the ambition that everyone in Scotland eats well, has a healthy weight and is physically active, and that childhood obesity is halved by 2030 demands a multifaceted approach. We have described a number of challenging issues from a local perspective. The Scottish Directors of Public Health are already working to provide the local leadership necessary to create a renewed impetus in addressing local need, whilst remaining committed to taking this work forward across the public health system on a “once / best for Scotland basis” where appropriate.*

***Improving local food environments:***

* facilitating the work of national agencies such as Public Health Scotland and Food Standards Scotland in addressing healthy weight; including around planning and licensing of takeaway and fast food outlets;
* facilitating the work of national agencies such as Public Health Scotland or Sustrans in addressing physical activity, around promoting participation in physical activity and active transport as part of healthy weight initiatives;

***Enhancing the child health weight programme:***

* understanding current practices around weighing and measuring of children at the 27-30 month assessment; whether local pathways are in place and what services are available providing additional support for families if a child is identified as above a healthy weight; and what resources are being used;
* facilitating local and national discussion on the introduction of further measurement of children’s BMI around secondary school entry;

**Building capacity for prevention:**

* ensuring that health and other professionals are equipped with practical skills, the knowledge and attributes to enable them to confidently raise the issue of weight, and the opportunity to deliver inequalities sensitive healthy weight interventions or at least signpost individuals towards specialist services;
* using the influence of Scottish Directors of Public Health can bring to ensure that Community Planning Partnerships are accountable for delivery of not only priority 6 but all of the public health priorities affected by weight issues;
* ensuring that the public sector leads by example and working with Community Planning Partnerships and Health & Social Care Partnerships, encouraging and supporting communities and the organisations that work with them to provide necessary leadership;
* ensuring future investment is targeted at the prevention of obesity as well as treatment services.

The Scottish Directors of Public Health are also mindful of the need to explore wider public health and wellbeing issues associated with eating well and physical activity. Issues such as food insecurity and undernutrition, or of cardiovascular fitness, are all part of public health priority 6 and further work to develop position statements on eating well and physical activity is already underway.

**Public Health Priority 6: A Scotland where we eat well, have a healthy weight and are physically active – Physical Activity on a page**

**Key Principles:**

* No single action will be sufficient
* We need a whole system approach which recognises the varied contribution from a wide range of stakeholders, from national Government right down to local communities
* These contributions need to be coordinated and supported with a comprehensive governance and accountability framework in place
* There will be a number of people/groups who have a critical leadership role both nationally and locally; these include politicians, civil servants and senior leaders in Health and Social Care, Local Government, Third Sector and relevant national agencies
* Actions need to be underpinned by evidence and designed and delivered in a way that contributes to a reduction in health inequalities

**Transport, planning and urban design**

Create and promote safe, well maintained infrastructure, facilities and public open spaces that provide equitable access to places for walking, cycling and other physical activity. Actions include:

* **Planning policy**: Ensure the refreshed national planning policy in NPF4 protects and promotes environments that encourage physical activity
* **Policy integration:** Integrate urban and transport planning policies, and prioritise the principles of compact, mixed-land use to deliver highly connected neighbourhoods.
* **Infrastructure:** Improve walking network infrastructure.
* **Safety:** Implement and enforce road safety and personal safety measures to improve the safety of pedestrians, cyclists, and other vulnerable road users. E.G. 20mph zones.
* **Public open spaces:** Improve access to and quality of public and green open spaces, green networks, recreational spaces (including river and coastal areas) and sports amenities. This includes protecting existing space from housing development.
* **Design:** Strengthen the policy, regulatory and design guidelines to enable all occupants and visitors to be active in and around the public buildings.

**Whole School Approach**

Pupils should have the opportunity to accumulate activity minutes throughout the day, before, during and after school to achieve an average of 60 minutes moderate physical activity per day. This should be made up of a *combination* of:

* **Physical education** – all schools should meet SG targets (primary school pupils at least 2 hrs/wk; secondary pupils at least 2 periods/wk)
* Schools should continue to support the **daily mile**
* **Active play** - playgrounds should be designed in a way that encourages play and activity and arrangements should be put in place to ensure children can be active in adverse weather
* **Classroom activity** – children are hard-wired to be active so are not designed to be sedentary for long periods. Lessons should seek to incorporate movement plans wherever possible
* **Social/leisure activity** – working with SportScotland, the Active Schools programme and local clubs schools should provide a wide range of suitable active social/leisure opportunities routinely throughout the day and before/after school
* Each school should work with their local authority colleagues and local transport providers to provide and encourage **active travel** to school including safe active travel corridors connecting local schools with local housing estates
* **A national programme** should be established to monitor and support schools deliver the above and this should be endorsed by every school in every area

**Health and Social Care**

People in contact with health and social care experience the benefits of a more active life. Actions include**:**

* **NPAP:** Mainstream the NHS National Physical Activity Pathway (NPAP) into all appropriate clinical settings (primary, secondary and community) by equipping health professionals with the infrastructure, knowledge, skills and confidence to raise the issue of physical activity to those within their care, screen for inactivity, deliver brief advice and or brief interventions and onward referral or signposting as appropriate.
* **Tiered approach:** Adopt a tiered approach to physical activity interventions applicable to health and social care.
* **KSF for physical activity:** Develop a Physical Activity Public Health Knowledge and Skills Framework with NHS NES, SSSC, Care Inspectorate and academia.
* **Physical Activity Referral Quality Standards:** Coproduce Physical Activity Referral Quality Assurance Standards with NHS Scotland, third sector referral providers and academia.
* **CAPA:** Continue the Care Inspectorate *Care about Physical Activity* (CAPA) programme to further embed this work in care homes and care at home sector.
* **Curricula:** Working with Universities and royal colleges integrate physical activity into pre-registration and continuing professional development curricula for medical, nursing, midwifery and allied health professionals.
* **Utilise the estate:** Activate and utilise the health and social care estate to promote physical activity (walking, active travel and green health activities) to staff, people in receipt of care and the wider community.
* **Workplace Health and Wellbeing:** Create an active workplace by supporting health and social care staff to be more physically active (including how they get to and from their workplace).
* **Leadership:** DPHs should seek to ensure these actions are being taken forward locally