

Islands Communities Screening Assessment

An Order making provision in relation to the Establishment of Public Health Scotland as a new Special Health Board

Introduction

1. The importance of island-proofing was recognised in the “Empowering Scotland’s Island Communities prospectus” published in June 2014. The principle of island-proofing is one of building a broad-based islands awareness into the decision making process of all parts of the public sector.
2. The Islands (Scotland) Act 2018 places a duty on the Scottish Ministers and other relevant authorities, including a number of public authorities, to have regard to island communities in exercising their functions, and for the Scottish Ministers this will also include the development of legislation. This duty is often referred to as ‘island-proofing’.

Background

3. The Christie Commission Report (2011) on the future delivery of public services reported that a radical change in the design and delivery of public services was necessary, irrespective of economic challenges, to tackle the deep-rooted social problems that persist in communities across Scotland. It concluded that a cycle of deprivation and low aspiration had been allowed to persist because preventative measures had not been prioritised. Tackling these fundamental inequalities and focusing resources on preventative measures was highlighted as a key objective of public service reform, as was the streamlining of public service structures.
4. The Review of Public Health in Scotland (2015) subsequently identified the need for the public health function to be clearer about its priorities and delivered in a more coherent manner. The changing organisational context (including the clear emphasis on partnership and integration, and the importance of community empowerment and engagement) has implications for how public health is organised and operates. Major public health challenges such as obesity, mental health problems and inactivity, together with the persistence of health inequalities, require a concerted population health response, achieved through the organised efforts of society. They cannot be addressed through treatment alone. The evidence received by the Review Group emphasised the cost-effectiveness of preventive approaches and a wide appetite for a more active public health effort in Scotland. The review recommended that the current organisational arrangements for public health in Scotland should be reviewed and may need to be rationalised, exploring greater use of national arrangements.
5. In 2017, the Scottish Government and COSLA, working with a range of partners and stakeholders, engaged widely across Scotland to develop a set of Public Health Priorities for the whole system. The agreed Priorities reflect the issues we believe are most important to focus on over the next decade if we are to

improve the health of the nation. The Priorities are a foundation for the systemic change needed to achieve real and tangible improvements in the nation's health and are intended to provide a focus for our collective efforts. They are inter-related and interdependent, reflecting the complexity of Scotland's health challenges and the effort needed nationally, regionally and locally to make a difference.

6. At national level, it was proposed that a new Special Health Board (to be called Public Health Scotland) would provide professional and strategic leadership in relation to the public's health and wellbeing in Scotland; support enhanced opportunities for innovation, research, learning and development; and provide assurance on the delivery of improved public health and wellbeing outcomes. To create a culture for health in Scotland, Public Health Scotland will need to take a whole system approach - providing leadership, supporting and collaborating with partners across sectors who impact directly on the public's health and wellbeing. The body will support local authorities, the NHS, third sector and other partners to work ever more closely together to address the social determinants of health, improving and protecting the health and wellbeing of individuals and the communities in which they live.
7. Under the new model, the existing bodies Health Protection Scotland (a division of NHS National Services Scotland), Information Services Division (also a division of NSS) and NHS Health Scotland (a Special Health Board) will cease to exist. Public Health Scotland will take over the relevant functions and services from 1 April 2020.

Consultation Process

8. On 28 May 2019, Joe FitzPatrick MSP, the Minister for Public Health, Sport and Wellbeing, and Councillor Stuart Currie, Health and Social Care spokesperson for COSLA, launched "A consultation on the new National Public Health Body 'Public Health Scotland'" seeking views on the role, structure and expected functions of Public Health Scotland, with some discussion of its interface with other bodies, partnerships and statutory frameworks. The consultation closed on 8 July 2019.
9. A total of 185 responses were received to the consultation: 151 from organisations and 34 from individual citizens. Respondents were assigned to groupings to enable analysis of any differences or commonalities across - or within - the various different types of organisations and individuals, with the largest organisation sub-group being from the Third Sector, with 51 respondents.
10. The main issues raised by stakeholders representing the views of island and rural communities were that any changes or redistribution of health professionals or assets should not come at the expense of those living in islands communities and that local health professionals and authorities are appropriately involved in all decision making processes.

11. Also, it was noted that shared workspaces and the use of Skype along with video teleconference facilities can improve accessibility and avoid the need to travel distances which can be time consuming, expensive and difficult for people living in rural and island communities. The Scottish Government is also aware of the challenges that people living in the island communities face who have to travel a great distance to attend appointments.

Public Health Scotland's Role in Islands Healthcare

12. Public Health Scotland should continue to develop and enhance the role of island health services in the continuum of public health across Scotland. Its national leadership role will help services orientate themselves towards the changing needs of island communities and make best use of available resources to deliver further improvements in the health of their populations. PHS will work to establish the wider determinants of what affects the health of the entire population, at national, regional and local levels including those in the Scottish Islands. In particular, those who suffer from health inequalities and deprivation are likely to benefit from the leadership and work of the new public health body. Health inequalities and their societal determinants include inactivity, nutrition, obesity, and poor mental wellbeing, concurrent with the demography of an ageing population.
13. Access to public health services, advice and information should be as local as possible, for the whole population of Scotland, no matter where they live. Self-management and preventative care within the local community can be particularly important for island communities. PHS will support and promote the collaboration of services and focus on the integration between different aspects of the whole system. These services must be well planned and co-ordinated with a greater focus on more collective and collaborative responses within and across communities. The future model for public health will be based on integrated teams working across sectors, demonstrating a range of competencies, and supported by the latest data and intelligence. In order to sustain the competent public health workforce in island communities, appropriate training and education will be developed and delivered by PHS and partners. Islanders experience of care differs from that of urban patients in that they often have to travel large distances to receive care. There can be other differences in disease patterns and care approaches in relation to higher suicide rates; higher incidence of alcohol related disease; higher number of accidents in rural areas: on roads, through climbing, farming, diving and fishing; Palliative Care workload is proportionally higher than might be seen in urban areas, as patients from remote areas often prefer to or are enabled to die at home, rather than in a distant centre; and seasonal fluctuation in populations.
14. There are therefore pressing public health challenges at every level that will be addressed by PHS such as: ongoing challenges to support the shift towards prevention; to protect the health of the population and address risk factors; complex social, economic and cultural challenges; and new threats to health and wellbeing. The overall aim is to increase the years of life that people in Scotland live in good health - Healthy Life Expectancy (HLE) - and to reduce

the inequalities in health that exist across Scotland. Recruitment and retention of health care staff is more challenging in the islands and so future changes in demography (ageing population) will have a proportionately greater impact in island areas where the workforce is smaller.

15. The new body will enable us to make best use of Scotland public health assets – data and intelligence and our public health professionals – in supporting local areas to create the conditions for health and wellbeing. This is consistent with the principles set out in the Christie Commission Report on the Future Delivery of Public Services and is focused on improving population health outcomes - especially for those in society whose wellbeing and life chances are poorest. The shift to preventative, early intervention and self-management approaches promoted by PHS will help facilitate island communities to look after themselves, utilising all resources available to them. PHS leadership will help build the resilience of island communities by working in partnership across sectors.
16. The establishment of Public Health Scotland will provide the clearest possible picture of health related needs for people in island communities and through this understanding can identify areas for potential innovation in how we plan and deliver public services that contribute to improving health and reducing inequalities. This will provide the opportunity to develop ground-breaking practices, behaviours, environments and technology improving the health of island communities to then be shared throughout the country and vice versa.

Conclusion

17. Scottish Ministers are aware of the duty to consult island communities before making a material change to any policy, strategy or service which, in the Scottish Ministers' opinion, is likely to have an effect on an island community which is significantly different from its effect on other communities. We know that health services provided in island communities will vary according to local population density and health need, the physical facilities available and the skills set of the workforce.
18. Addressing health inequalities throughout Scotland is a cornerstone of the public health reform programme and will be embedded in the work of Public Health Scotland and at the core of its policies and programmes. Through its use of data intelligence Public Health Scotland will target best practice and assets that will meet the unique requirements of the people living in the Scottish Islands and lead to the overall improvement of their health and wellbeing. The provision of important health information and the PHS role in promoting self-management and supporting long term condition management and prevention through web based structures will be particularly important for island communities. The new body will promote, encourage and support individuals to take ownership of their own care. The use of new and innovative technologies will be increased where this will maximise the amount of care that can be provided locally in the islands. PHS will particularly help to build island community resilience to ensure that local people can be cared for as close to

home as possible, while also improving methods of data collection and relevant data sets. The public health data and intelligence function will continue to contribute to the evidence-base for cost-effective delivery of healthcare services in island communities, analyse the population-based activity and help identify and address any sustainability issues, improving service modelling. By their nature, the focus on health care services within island communities must be on the early detection of disease, with pro-active case finding targeted at difficult to reach people and those in need, in order to prevent disease escalation. PHS will work to develop creative solutions to these specific challenges.