

PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 2.9)

BRANDING

Purpose

1. To review three options for the name to be applied to the new public body.

Background

2. Reform represents an extension and expansion of the existing roles of Health Scotland, Health Protection Scotland and ISD and the new body will be, by definition, an organisation with a wider leadership responsibility for both the study of health and disease across the Scottish population (including working in partnership with the academic sphere) and shaping the public health efforts that are organised in response (in the widest sense) to monitor, improve, protect, promote and restore the health of Scotland's people. The new name and related branding for the body therefore need to embrace this wider remit from the outset.

3. The views and comments of the Oversight Board on the options presented here are welcomed. Specifically:

3.1 Do you have a preference between "Population Health Scotland", "Health and Wellbeing Scotland" and "Public Health Scotland"?

3.2 Do you have any alternative proposals for the name of the new body?

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1. Discussion

1.1 The emerging engagement work on the new national public health priorities has raised important questions about the future name for the public body.

1.2 The outcomes which the new public health priorities will support are being established at the level of populations (e.g. healthy life expectancy) and we will be referring to them as “population health outcomes” to ensure they are not interpreted as outcomes simply for the public health system alone.

1.3 This distinction between public health (as a speciality delivering a set of functions) and wider population health (the public’s health) was discussed in detail by the Oversight Board when it last met in June 2017. We now need to choose a name for the new public body which helps to indicate a meaningful change from the past and to capture the nature of the reform work needed and its relevance beyond the NHS sphere.

1.4 Population health and public health are the combination of sciences, skills and insights directed to the maintenance and improvement of the health of all Scotland’s people through the organised efforts of all in society. The term population health indicates the transition required from individual care to care for whole communities which protects and promotes the health and wellbeing of a population on a long-term basis. Within the distinction:

1.4.1 Population health refers to the overall study of health and disease across the Scottish population as specified by aspects such as geography and culture. This includes defining health problems and needs, identifying the means by which these needs may be met and providing the services required to meet these needs. In other words, population health is concerned with both the definition of measurement of health outcomes and the pattern of determinants. Determinants include medical care, public health interventions, genetics and individual behaviour; along with components of the social (e.g., income and wealth, education, employment, culture) and physical (e.g., urban design, clean air, water) environments. There are also important dimensions relating to identifying and building essential assets for health, like working with communities and investing in community empowerment.

1.4.2 Public health is the subsequent combination of those efforts organised in response to protect, promote and restore the health of Scotland’s people.

2. Option 1 - Population Health Scotland

2.1 While “population” is not a conventional or long-standing term in the public health sphere, it has been used before to distinguish related activities – for example, the Glasgow Centre for Population Health and within the remit of Andrew Scott’s Directorate within the Scottish Government.

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2.2 While the new body will employ many public health specialists with related designated titles (such as ‘public health’ consultant or ‘specialist’), this proposed name seeks to complement these specific efforts while recognising the wider range of academic, specialist and generalist workforce input that will be required to address the broad range of health inequalities which exist in Scotland. In essence, the terminology is short-hand for the necessary paradigm shift required in Scotland. It is new in that no single organisation merging into the new body carries the description in their existing title. It is therefore a shift for everyone and provides a level playing field on which to build a new organisational culture.

3. Option 2 – Health and Wellbeing Scotland

3.1 A move upstream from the NHS may initially be better served by a name which has a stronger and more explicit link back to health, but which also widens the brief of the new organisation.

3.2 This option has found some favour when tested informally with colleagues across NSS and Health Scotland.

4. Option 3 – Public Health Scotland

4.1 As discussed in the “History of Public Health” Annex within the OBC, historically, the people and pioneers that made the biggest difference in population health were those associated with the label ‘public health’ and some of the legislation that emerged from these practitioners and their political supporters carries the ‘public health’ description.

4.2 As such, the ‘public health’ brand is well recognised and it may be unhelpful to move too far away from this brand, at least initially. That said, the 2015 review argues that this relatively narrow interpretation of the public health function in Scotland is one of the key risks that is holding us back from enabling significant change.

5. Summary

5.1 Clearly, any move away from the ‘public health’ branding is a significant shift and would require some concerted effort to re-educate the public and professional groups, which will take both time and effort.