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Improving the view of Scotland's health: The impact of a public health observatory upon health improvement policy, action and monitoring in a devolved nation

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SUMMARY

The Scottish Public Health Observatory (ScotPHO) is a collaboration of the observatory sections/functions of several organizations. It operates within a small country, part of the UK, with devolved legislative and executive powers in health and in many areas relating to wider social determinants of health. The short-term impact of ScotPHO on health improvement action, policy and monitoring is described. A key factor in ScotPHO's impact is the directness of its contact with Scottish government policy and analysis leadership. The context and organization of ScotPHO differentiates it from other PHOs in the UK and Ireland, but many of the health and information challenges faced are similar and the Association of Public Health Observatories enables experience and expertise to be shared.
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Introduction

Differences between public health observatories (PHO) in the UK and Ireland reflect both the forces that led to their creation and the local environments in which they now operate. The origins of the Scottish PHO (ScotPHO) lie in a working collaboration between a number of individuals in the early 2000s. Their philosophy favoured an ecological approach to population health, and a vision of public health information that embraced the wider determinants of health as well as behaviours, clinical risk factors and health conditions. The focus was on informing a broad health improvement agenda.

In the mid-2000s, a number of organizations followed the lead of these individuals and established the ScotPHO collaboration. Although necessarily adopting a more formal approach, this retained two key characteristics from its informal origins. First was the strong collaborative emphasis. This combined the strengths of a number of key agencies in public health information in Scotland without the overheads of establishing a new agency. Indeed, an explicit goal was to reduce the potential for duplication and overlap through active coordination and shared planning of the public health improvement information agenda in Scotland. Second, it retained the focus on supporting population health improvement. This gives it a niche role compared with the wider health agenda with which most PHOs in the UK and Ireland engage.

The main intended audiences for ScotPHO's outputs are those engaged in health improvement policy development, policy implementation and service planning and development,

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and monitoring health patterns and trends both nationally (Scotland-wide) and locally. There is a large fringe of other uses and audiences, not least practitioners and students, but these are secondary.

By what criteria is the success of a PHO to be judged? There is a large literature on the contribution that evidence makes as part of the development of policy.[1,2] Although this is sometimes couched in terms of effectiveness evidence, it applies equally to epidemiological evidence. In summary, descriptive epidemiological evidence of the type produced by ScotPHO is likely to be used in the short term when it supports the political and/or professional direction already established on the basis of previous evidence and values. Information that is more challenging to the current direction may have a longer-term role in shaping a different future direction.

This paper considers the short-term impact of ScotPHO in helping to inform and support the existing health improvement agenda in Scotland. First, the Scottish context is described and further information about ScotPHO's structure and aims is provided. Next, a series of case examples is provided, demonstrating ScotPHO's impact and influence through its activities and outputs. The paper concludes by reflecting on ScotPHO's contribution to health improvement in Scotland, looking to the challenges and opportunities of the future.

Scotland described

Scotland is a small country with a population of 5.2 million, 22.6% of whom are aged 60 years and over.[3] It is part of the UK but has had a devolved administration since 1999 with an elected parliament with full legislative power in such areas as health, education, planning, transport (except railways), agriculture, economic development and justice.[4] Matters reserved to the UK Parliament include the fiscal and economic system, social security, defence, foreign affairs, trade, energy and equal opportunities. From 1999 to 2007, a Labour and Liberal Democrat coalition formed the political administration, followed, since 2007, by a minority administration of the Scottish National Party. The policy environment in both of these administrations has been very favourable towards health improvement, with examples including the legislation on smoking in enclosed public places (introduced by the former administration) and the current moves to legislate for minimum alcohol pricing (by the latter administration). Both of these cases contrast with the slower policy progress made in England and Wales (with smoking legislation coming in a year later in England and no current active consideration being given to alcohol price reforms), and illustrate the opportunities for public health in Scotland. Such differences should not be overstated, however, since the major public health issues and, in broad terms, both policy and local approaches to tackling them are often similar across the countries of the UK and Ireland.[5]

Health services and public health in Scotland are run by 14 local National Health Service (NHS) boards and a number of national NHS boards. Box 1 gives further information. The Scottish health system has a simple structure with all health services, including hospitals, community health, primary care and public health, provided by the unitary local NHS boards or, for some specialist national functions, a national NHS board.

Box 1 Some key public health organizations in Scotland

Local NHS boards Public health departments in 14 NHS boards provide the local drive and impetus for improving health, undertake local health protection and advise on health service quality and development. Community health partnerships (which are legally committees of local NHS boards) provide local delivery of health care and health improvement.

Health Protection Scotland is the national surveillance and coordinating centre for responding to communicable diseases and the health problems associated with environmental hazards.

Information Services Division is the national organization for health information and statistics and part of NHS National Services Scotland, a national board. It collects, quality assures, analyses and reports on a wide range of routine health information.

NHS Health Scotland is the national agency for improving population health. It covers every aspect of health improvement, from gathering evidence to planning, delivery and evaluation.

NHS Quality Improvement Scotland helps NHS boards improve patient care by providing advice, guidance and setting standards; supporting implementation and improvement; and assessing performance. It hosts the Scottish Health Council, Scottish Intercollegiate Guidelines Network, Scottish Patient Safety Forum and Scottish Medicines Consortium.

The 14 NHS boards, 40 community health partnerships and 32 local authorities come together (along with other public sector organizations and the voluntary and community sector) in community planning partnerships. These are led by local authorities, and provide a forum for agencies to work together, and engage with the local community, to plan and deliver better services. Community planning is seen as the key overarching partnership framework helping to coordinate other initiatives and partnerships, and also improving the connection between national priorities and those at regional, local and neighbourhood levels.[6]

Key organizations for health improvement, and key audiences for ScotPHO, are thus national government, NHS boards, community health partnerships and community planning partnerships/local authorities.

It is well recognized that Scotland is notable among affluent Western countries for its poor health, with statistics typically more comparable with Eastern European countries than with those of Western Europe.[7] Even within the UK, Scotland has a higher level of mortality than can be explained by its level of deprivation.[8] The quest to understand why Scotland's health should be, relatively, so poor has created many hypotheses but no confirmed explanations. Even though they do not appear to provide a full explanation of Scotland's poor health, many of the environmental, economic, behavioural and cultural markers of population health risk are present in Scotland and – particularly for

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