Public Health and Community Safety - Masterclass

On 4th September 2019, SCSN held an event in The Albert Halls, Stirling, on Public Health and Community Safety for community safety and public health leaders, policy-makers and practitioners to explore the intersect between community safety and public health and look at how both fields could work together in new ways to support safe and healthy communities under the new public health arrangements in Scotland.

On the day, we had sessions from Eibhlin McHugh, Co-director of the Public Health Reform Team executive delivery group; Neil Hamlet, Public Health Consultant from NHS Fife; Lynne McNiven, Interim Director of Public Health, Ayrshire and Arran Health Board and Ian Hanley, Inverclyde Council and Community Safety Partnership.

The seminar looked at the reform programme and what it means for practitioners. It gave delegates the space to explore how local and national community safety and public health partners could work together towards shared outcomes and what the levers are in the system to 'create wellness.' There were opportunities to build new relationships and develop existing ones across sectors to hopefully aid future working.

Context

Public health in Scotland is undergoing reform. As part of this reform programme, a new public health body – Public Health Scotland – will begin work on 1st April 2020 and aims to create "a Scotland where everybody thrives".

In June 2018, as part of the Public Health reform programme, the Scottish Government and COSLA jointly launched Scotland's Public Health Priorities; reflecting the issues that are important to focus on over the next decade to improve the health of the nation. One of these is *'A Scotland where we live in vibrant, healthy and safe places and communities.'*

The reform programme will bring public health expertise together in a single body for the first time but will require partners to work together in a different way to achieve the outcomes. The new priorities are intended to support national and local partners across Scotland work together to improve healthy life expectancy and reduce health inequalities in our communities. There is a strong history of partnership working between community safety and other justice partners, such as local authorities, Police, fire and rescue services and the third sector in Scotland. Much of this happens under outcome 11 of the National Performance Framework – 'We live in communities that are inclusive, empowered, resilient and safe.' This revised outcome brings together the previous 'safer' and 'stronger' outcomes from the old NPF and recognises that in order to deliver community safety effectively, consideration needs to be given to fostering the wider social conditions which impact upon it. Social conditions mean such things as social networks, personal relationships, social participation, community cohesion and empowerment.

> ***'A Scotland where we live in vibrant, healthy and safe places and communities.'***

> **'We live in communities that are inclusive, empowered, resilient and safe.'**

Being healthy and being safe are not mutually exclusive. There is growing recognition that many of the factors that interact to create safer communities are the same as those that work towards creating *healthy* communities; and the social and physical attributes of the places where people are born, grow, live, work and age can have a profound effect on the lives they are able to live.

This learning report pulls together a summary of the presentations (including links to presentations and videos of the inputs) alongside the main discussion points from the tables and questions and answer sessions following the presentations. We will also include feedback from attendees to give readers a sense of the day and the major learning points.

> ***Being healthy and being safe are not mutually exclusive***

Presentations

Eibhlin talked about the new Public Health Reform programme.

Some key highlights from the presentation were:

- Scotland has a great Public Health challenge with the **lowest life expectancy figures in Western Europe**. Scotland's health is improving but not fast enough and not equally for everyone. Scotland's population has complex health and social care needs which show us health care is not the main determinant of

our health - social and economic conditions are important factors too. A focus on prevention is important to support public services to better meet the needs of communities.

- A new national public health body, Public Health Scotland, will come into effect from April 2020 to enable the whole system to work effectively together and provide support for local public health activity.
- PHS has developed and shared public health priorities for Scotland. Priority 1 is "A Scotland where we live in vibrant, healthy and safe places and communities"
- Underpinning the public health priorities is the need to work more effectively together as part of a whole system approach. This is "an ongoing, flexible approach by a broad-range of stakeholders to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for the people of Scotland".

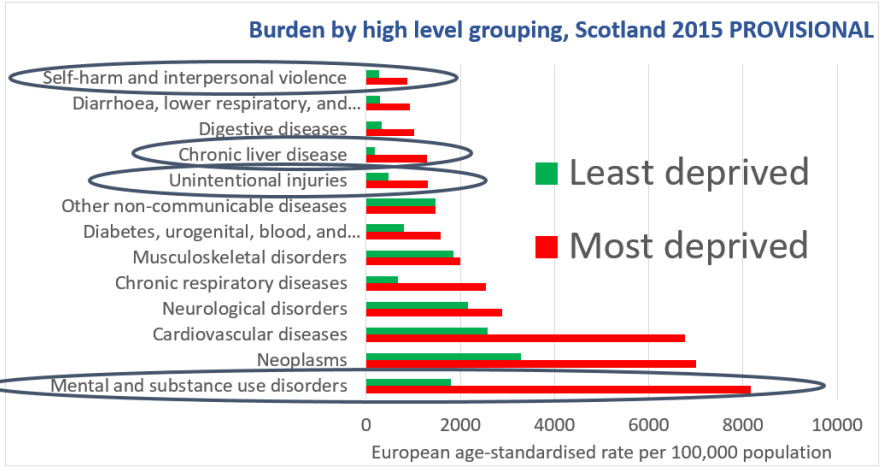
Presentation and Youtube

Creating Safety and Wellness in Society – Dr Neil Hamlet, Public Health Consultant NHS Fife

Dr Hamlet discussed the wider determinants behind creating wellness and safety and where public health and community safety meet.

Some key highlights from the presentation were:

- Findings show there is a very unequal experience of 'wellness' especially in areas of deprivation which is increasing in Scotland. Areas of significance for community safety in these areas are: mental and substance use disorders, unintentional injuries, self-harm and violence.



- The impact of trauma is key to our understanding: **"The ever-present threat of violence, and managing its physical and psychological impacts, so that one is**

constantly living in 'survival mode', arguably forms *the* key thread linking all manner of manifestations of SMD and the behaviour of those experiencing it"

- The 5Rs of wellness are: **'Rafters' -** importance of a place of physical shelter, security and continuity; '**Resources'** – no poverty of anything – income, wealth, education, employment, opportunity, confidence; **'Relationships'** - the ability to form positive relationships, with self and others; **'Restoration'** - also **Recovery / Repair / Renewal / / Reconciliation / Restorative.** Takes time; **'Resilience'** – 'pickupability' grow resilience – the ability to take life's knocks by investing the other 4 R's into people's lives
- Ways we can all work together might include being trauma informed, using asset-based, co-produced, lived experience approaches, using and sharing data.
- Areas for development: housing for release of prisoners, quality of homelessness services, gaps in mental health services, decline of substance misuse services, the crisis nature of services, continued support.
- Neil emphasised that we need safety nets, springboards/trampolines, particularly critical transitions such as childhood into adulthood.
- Poverty is the 'elephant in the room' – poverty of access, poverty of belonging, poverty of opportunity in addition to the usual way in which poverty is thought about: in a monetary sense.

Presentation and Youtube

Public Health: Whole Systems Working in Action - Lynne McNiven, Interim Director of Public Health, Ayrshire and Arran Health Board

Lynne presented on the experience of developing a whole systems approach.

Some key highlights from the presentation were:

- Whole systems approaches are incredibly complex. In order to try doing things differently and change our deep-seated beliefs, we need a paradigm shift, to learn to give things up, to become agents of change, to be innovative with limited resources and to build networks with those with shared values, goals and achievements across sectors.
- Hearing about the processes behind Ayrshire and Arran Health Board's work on developing a whole systems approach around their Integrated Children's Plans.
- The overarching ACE and trauma informed work which came out of the whole process, leading to – awareness raising screenings of the film 'Resilience' and developing a training pack on trauma informed work in partnership with Police and NHS.
- Public health approach to tackling a spate of child suicides and the learning involved.

Presentation and Youtube

A Local Authority perspective, a work in progress - Ian Hanley, Inverclyde Council and Community Safety Partnership.

Ian talked about the current Community Safety and Public Health approaches used in Inverclyde to tackle issues such as knife crime and domestic abuse.

Some key highlights from the presentation were:

- Hearing about the Mentoring in Violence Prevention (MVP) programme which is a partnership approach, based in schools, which aims to promote positive relationships and reduce violence, particularly gender-based violence and bullying.
- Another youth work based and partnership approach piloted in Inverclyde was the No Knives Better Lives campaign, which has had great success.
- A case study taking a similar approach to recent fire deaths in Inverclyde.

Presentation and Youtube

Question and Answer Session

There were some questions in response to the presentations.

Q: Where do we get the evidence for challenging the normalisation of, for example, outlets that sell alcohol?

A: Look at what the levers are, think about how we take the community with us (get them to buy into the *why* with their hearts not heads – governments will be braver in communities, and local government is supportive. Culture and attitudes is important here at all levels – work together, and each effort will be stronger.

Q: There are loads of shared outcomes which we (in community safety) should have a commitment to help deliver…this can be overwhelming. Any advice?
A: It is overwhelming. Take time to listen, consider, understand and build connections and work will flow.

Q: How will this new national body support the local work? And a linked question – will the professional support and advice from Public Health Scotland be available to all involved in local partnerships?
A: Local support will be through supporting Community Planning Partnerships.

There were some questions we didn't have time to ask but are included for interest and reflection.

Q: How can we connect not only with each other as workers but in more authentic ways with our communities to uphold the right to health and be more accountable?

Q: How do we reinvest in trauma-informed supervision for staff with targets, cuts and austerity feeding crime? How do we mitigate the impact of what is happening as well as focus on prevention?

Q: A reminder to remember the impact on good healthy places of clean air and reducing impact of polluting and environmentally degrading industries. There is inequality in this too.

Q: In the world of justice, how do we take a public health approach into the custodial estate that links into communities post-liberation?

This section of this report provides a summary of the questions and answer sessions and table discussions

At the event we asked some questions for people to discuss in groups:

a) What new relationships do we need to build?

Eibhlin shared some of her thoughts on how to use the local public health workforce – build relationships, and as a result shared understanding between partners. Focus on the population and their needs, not what our professional role is. And *value* what other people bring.

What does it feel like when things are working well?
There is a role for you (reader/participant) to be a leader of Place: e.g. adopt collective leadership (*everyone* is a leader), listen to the front line, bring people with you, reach out and remember that informal meetings are often the most important!

<u>Feedback from the table conversations</u>

- Work with those who have local intelligence and insight
- Examples given were frontline workers such as housing officers, maintenance officers, people working with families
- Relationship with education, recognising the devolved responsibility of head teachers
- Don't rule anyone out – don't just invite the 'usual suspects' or people/organisations with an obvious role to play.
- There is a lot of siloed capacity-building – lots of people doing lots of things, but working apart. *Networks* are key, work across silos. A common aspiration or vision or focus on creating Place can really help with this.
- Who are the anchors?
- Let's value different approaches – getting to the same destination in different ways
- Relationship between public sector and third sector needs work.

"There are very few jobs where public health and community safety is not a component of the role but many do not see this. Being able to show the links, how their role plays an important part is the key ask

of the system. This requires enlightening staff to how they fit into the jigsaw."

"How can we develop public services together which include all and protect the right to health?"

"How can we collaborate best on the earlier opportunities for prevention?"

"How can we share what works and what doesn't work better?"

b) How do we develop and use our understanding of the wider determinants of safety and health? What is your role?

Healthcare is not the primary determinant of good health. Investment in housing, economic development all play a role. And all of this plays a role in feeling safe in your community.

What will make a difference? What does this look like for you locally? To structure your thoughts use the six public health priorities:

- **Place and infrastructure; Social environment**
- **Early years and parenting**
- **Mental wellbeing and resilience**
- **Harm caused by drugs and alcohol**
- **Economy, and distribution of wealth**
- **Weight and activity**

Eibhlin asked us to take time to define the problem, understand the *system* – not the pathway as these things are rarely linear- and remember that it is the unlikely suspects that bring most impact: take time to consider your partners, and offer opportunities to get involved.
Take some time to think how this will all play out in five years – what is on the horizon, what will the consequences be e.g. what futures scanning took place in response to the welfare reform programme we now think is having an impact on mental health, suicide and life expectancy?

Neil emphasised that too often we think about an issue/problem e.g. addiction rather than the underlying issues that contribute to it and the system that supported its development. Addiction, as in crime, is the leaf on the tree the system and underlying issues where we should really concentrate our work is the air, the soil, the roots, the trunk and branches. Focusing our efforts on an individual's addiction puts too much responsibility on the individual when, some would argue, they never really had a choice in the true sense. For example, alcohol and tobacco outlets and gambling outlets are much more well-established and prevalent near to vulnerable populations and in places – how is this giving these communities a true choice? We should support

assets and individuals, but in focusing too much on the individual we lose focus on the system and the industry. It is possible to keep the big picture *and* support people.

Feedback from table conversations

- Shared priorities and identify common values
- Regular cross-location of staff to gain an understanding of each other's roles; encouraging secondments would also help to make these unhelpful boundaries blurry.
- Joined-up approach with the legal system to support public health by prioritising community wellbeing
- Support communities to use the Community Empowerment Act to create healthy places
- Reduce assumptions between different parts of the system, every agency has a part to play – signposting and understanding is needed
- Advocated for safer communities where alcohol isn't the only focus
- Including people with lived experience in boards, frontline staff, strategic planning, decisions about care is key.

c) What is your 'ask' of the system? What is your 'offer' to the system?

ASK

People need 'time' to network and develop relations but everyone seems that busy with the 'day' job this can be difficult. Ask to the system to create this space and time.

Has anyone considered a statutory participatory budgeting % budget for Community Planning Partnerships or other bodies other than Local Authorities?

Public Health Scotland really needs to think about what localism in a national organisation looks like. And think about how it will cede/share some of its power locally.

The system needs to be more tolerable of risk and failure if it is to transform.

More organisational introspection – the minimal level of organisational introspection at the moment is unhelpful in creating conditions for change. Spend time talking to people who don't agree in order to interrogate ourselves!

Let's be more aware of language and legislation – they can enhance participation, but if used wrongly they can destroy value.

Spend more time in communities – they are real people, not just someone at the end of an email.

OFFER

My offer to the system would be to work with teams to demonstrate how they are probably already doing some bits but to help improve the visibility and effectiveness on their part to achieving public health and community safety aims.

I can offer more presentation of my material (housing/safety/wellbeing) to CSPs at local or regional/national levels

I'll be looking out for allies – whose voice do I need to speak for – and questioning: do I have a duty of care?

In response Eibhlin and Neil recognised this can be overwhelming, but suggested trying that lasting solutions come from the whole population and system changes, not tackling the individual in the short-term. Try and avoid searching for the simple solutions we are pressured to find, and instead share the narrative that the system that creates good health and wellbeing is complex and so will not require a simple solution.

Skills like deep listening and understanding are going to become even more important in public services; sometimes taking a Place focus is helpful – it ticks all 'boxes' and you are forced to forget about where you come from.

Attendance and Feedback

It was a well-attended event with 41 people who were mostly community safety or public health practitioners as well as a good number from national organisations.

We used an online survey using Survey Monkey as a way of collecting feedback from participants.

- **93% of people who responded gave the speakers' inputs 4 or 5/5 stars.**
- **79% of people rated the conversations as 4 or 5/5 stars.**
- **79% of people rated the networking as 4 or 5/5 stars.**
- **78% of people rated the venue as 4 or 5/5 stars.**
- **93% of people rated the overall event as 4 or 5/5 stars.**

Attendees gauged their knowledge of the relationship between public health and community safety as at around 59% before the event and gauged their increase in understanding at 68% after the session.

The main 'take away' or things 'they would do differently' were around partnership working, linking and engaging with other sectors, influencing and a better understanding of public health.

Most people heard about the event through work colleagues or the SCSN newsletter. 92% said they would very likely attend another SCSN learning event.

There were some comments the venue and structure of the day, which we will take on board.

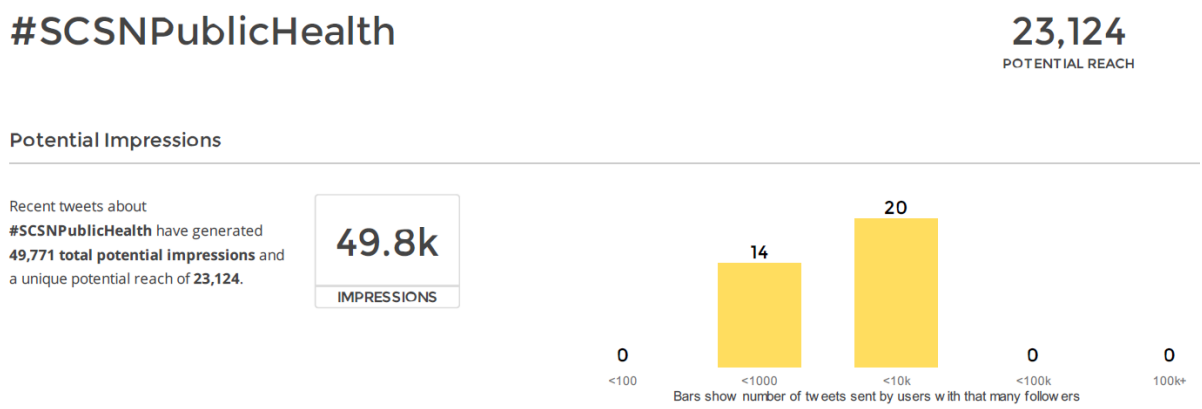
Some comments:

"Found the event really interesting and informative. All the speakers were excellent"

"Overall a good event but I think it was more targeted at Community safety partners than public health as I had seen some of the information presented before as a PH practitioner. Good overview for other professionals working in community safety"

"I very much saw this an opportunity not only to learn but to also inform and influence on my field and it's interaction with community safety. This event facilitated that"

We also had a Twitter # for the day with 34 tweets and 18 retweets about the session reaching 23,124 accounts.



Final Word

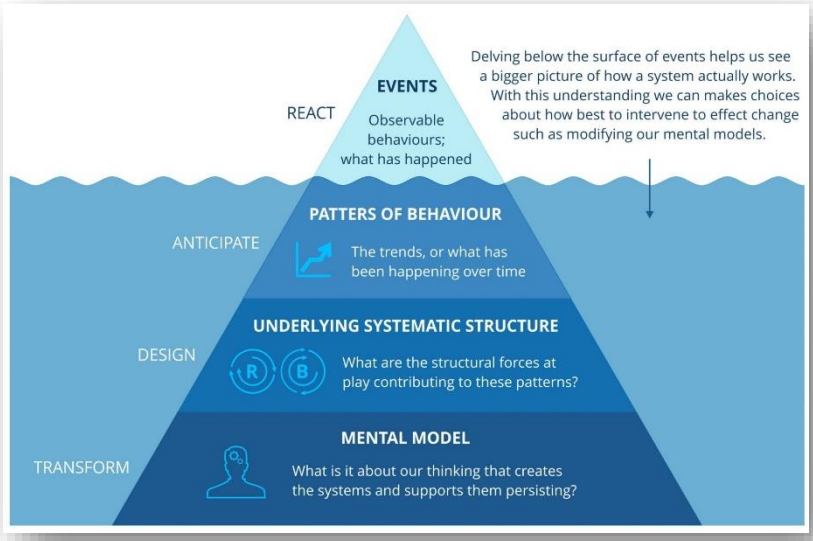
We really enjoyed this thought-provoking and stretching day that brought partners from public health and safer communities together. There is a real appetite to develop relationships between national bodies, but it was also clear there's a desire to make these connections at a local level too. We'd encourage everyone to find their local public health and safer commmunities teams and have a conversation – we can help with this!

In both public health and community safety the work is often unseen and unknown when it's working well. Thinking about how to show this invisible work / impact is something we at SCSN are taking forward through our measuring what matters work. Public Health Scotland will also be spending time thinking about outcome measures and performance frameworks.

We all have a role to play to develop and use our understanding of the wider determinants of safety and health, and share this widely. This can help make the work more visible.

Some of the speaker's noted that improvements are not fast enough or equal enough, and this has a knock on impact on people's participation in society.
Eibhlin asked 'How do we position ourselves to have the best shot at overcoming this challenge?' This will never be resolved by national policy alone – this can set the conditions and shine a light on the need to focus on this policy area, but local implementation is key. This was a challenge to all of us – those with national levers and practitioners working locally.

Taking time to understand the system, understand issues and underlying drivers is key for public health as it is for community safety. This requires different skills – deep listening, dialogue, reflective practices, observation, understanding of systems thinking – and a mindset of continuous learning; the 'problem' will never be 'fixed'.



A shared vision and values can be a great starting point to blur some of the organisational values and assist people to break out of silos and work collectively. Taking a Place-based appraoch can be a valuable lens for this conversation.

One of the speakers shared approaches on public health intelligence, but it has a lot to teach us about how to take a preventive approach to public health and safer communities, and how to take the time to delve into single events and understand the system that has created them.

The final sweep of the room captured some of the things that were uppermost in their minds:

Help people to see what the possibilities are "Don't teach them to build a ship, teach them to long for the sea".

- What behaviours do we value?
- There is a role for planners to use public health data
- National and SG silos reinforce the local differences
- There can be some unlikely allies – be open to all relationships
- Frontline workers are gold dust – the have insight, intelligence and influence.
- Fuzzy boundaries between staff is a good thing – colocation can help with this, but making relationships in informal settings is key too.