

PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 3.2)

PUBLIC HEALTH REFORM PROGRAMME – EXECUTIVE DELIVERY GROUP CO-DIRECTORS' SUMMARY REPORT

Since the last Public Health Reform Oversight Board two Co-Directors have been appointed to an Executive Delivery Group – Professor Marion Bain who took up post (full time) on 16th October 2017 and Eibhlin McHugh who took up post (two days a week) on 10th January 2018. Between them, they bring senior level experience from across local government and NHS Scotland.

Marion brings experience in particular around the NHS, public health and health informatics. She is an experienced NHS Board Executive Director having been Medical Director of NHS National Service for the last seven years, and including a period as Interim Chief Executive in 2017. She also chaired the Scottish Association of Medical Directors from 2014 to 2017. Marion has been a Consultant in Public Health for over 20 years, with particular expertise in information and a long standing interest in tackling health inequalities.

Eibhlin has recently retired as Chief Officer of the Midlothian Integration Joint Board. Prior to this role, Eibhlin was Director of Housing and Community Care at Midlothian Council. Her background is in social work and she has worked across a range of statutory and voluntary services for the past thirty years, both as a practitioner and as a manager. As a retiring Integration Authority Chief Officer, Eibhlin has a strong understanding of the challenges of demographics and addressing health inequalities and the role of upstream transformational change in the sustainability of health (including public health) and social care services. She recognises the critical role of Community Planning Partnerships in providing strong local leadership to empower local communities and ensure effective partnership working across agencies and communities to address inequalities.

The co-appointment highlights the commitment to work jointly between Scottish Government and COSLA, and the Directors are accountable jointly to Andrew Scott and Paula McLeay.

The focus for the Directors has been on taking forward the comments, challenges and advice from the previous PHOB meetings, gathering insights from across Scotland and beyond, and engaging with a wide range of relevant parties. Time has also been required to provide a definitive decision on the positioning of ISD within the new national public health body. This has now been resolved and has allowed for detailed planning on the new body to begin.

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The following summarises the conclusions from the work undertaken by the Directors to date, and the actions taken and planned:

1. An overarching vision for public health reform should be agreed, to set the context for taking forward the work.

The considerable work done to date provides much that informs the vision. Work has been undertaken to produce an initial vision which will be subject to wider discussion and refinement. The working version of the vision for public health reform is:

- Scotland to be a world leader in improving the public's health;
- using knowledge, data and intelligence in innovative ways;
- creating a 'culture of health' in Scotland;
- with an economic, social and physical environment which drives, enables and sustains healthy behaviours; and
- where individuals can take ownership of their health.

2. A clear narrative is required that explains the background, and the rationale for the actions that will be taken forward in the programme.

A narrative has been prepared and is being shared with stakeholders. As was the case for the vision, there are many background strategies, reports and reviews that have informed this, alongside the developing literature on what is likely to be most effective for public health looking ahead.

3. The public health reform work needs to combine two aspects: ensuring we use what we have as effectively and efficiently as possible to improve the public's health, alongside identifying and driving forward new and innovative ways to improve health. Both improvement in what we already have, and innovation is required.

This is shaping the planning and is being articulated in our communication and engagement activities.

4. While the new national public health body has a key role in achieving public health reform it is important to position this from the outset as part of the whole system.

Building on and developing the actions from the Health and Social Care Action Plan, and aligning with the vision, the reform work is being positioned with stakeholders as:

- ensuring an effective joined up whole system approach to improving the public's health. Work has been initiated to better understand and describe this whole system, and to identify key areas to prioritise for improvement.

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- agreeing public health priorities for Scotland which the whole system will work together towards. A process has been agreed for this and good progress is being made towards identifying and agreeing these priorities in line with the agreed timescales (agenda item 3.3).
- establishing a new national public health body that provides leadership, drive, support and enablement for the whole system.

5. The new public health body should be designed through a process of identifying what best achieves the vision for public health reform, aligned to what has been agreed as principles for the body, and using this to drive the design and delivery of the new body.

Work is now well underway with ISD, HPS and Health Scotland to develop the blueprint. Additional input, in particular for aspects that the existing bodies do not currently deliver, has also been initiated. The intention is to build on this, including wider engagement and further detailed consideration of the practical aspects around implementation, and to bring initial proposals on the new body to the Oversight Board in April (as described in agenda item 3.5). Discussion at the Oversight Board on areas of particular relevance to achieving the ambition for the new body will be very helpful in shaping and informing these next stages (agenda item 3.4).

6. Given the timescales for delivery the Programme would benefit from a Programme Board which is particularly focused on the practicalities of delivery of the new national public health body.

A detailed programme plan is being developed (summarised in agenda item 3.5), building on the work above, which reflects this approach, alongside a proposal (agenda item 3.7) to create the necessary programme board.

7. Continuing communication and engagement with a wide range of relevant and interested parties will be required to achieve the aims of the programme.

A detailed communication and engagement plan has been developed and is summarised under agenda item 3.6.

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Co-Directors, Executive Delivery Group*