

PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 3.3)

PUBLIC HEALTH PRIORITIES FOR SCOTLAND

Purpose

1. To provide an update on progress towards developing public health priorities for Scotland and to seek your agreement on proposed next steps.

Background

2. At your last meeting, the Oversight Board acknowledged the overarching role of the public health priorities in shaping the entire reform process and agreed that they should relate to the entire population, not simply to the new public body arrangements. With this in mind, the programme team were directed towards Option 2 – Evidence-Based Prioritisation Criteria and Regional Stakeholder Engagement – but it was recognised that an extension to the delivery timescale would be needed to allow such a wide-ranging conversation to take place. You also requested that the priorities reflect evidence from national and local planning, including workforce planning and Local Outcome Improvement Plans.
3. Political agreement was subsequently obtained for an extended Spring 2018 publication date and this paved the way for wider engagement activity, which commenced in Autumn 2017.
4. This paper describes the progress made since September and sets out plans to meet the Spring delivery date. The views and comments of the Oversight Board are welcomed. Specifically:
 - **That you note the progress made since the last meeting - in particular, the development of evidence-based criteria by an expert group, providing a robust framework to create a clear set of future priorities.**
 - **That you note the proposed plan and structure for the regional stakeholder engagement events planned for February.**
 - **That you confirm you are content with the proposal to convene a special meeting of the new Programme Board, as suggested in paragraph 17.**

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Discussion

5. The Oversight Board will recall the logic model workshop that was held in August 2017, with participants from the NHS, national and local government and the third sector contributing their expertise and views to help identify the short, medium and longer-term outcomes for public health. This work, alongside the initial stakeholder workshop held in Spring 2017, was important in framing the subsequent activity and engagement work set out in this paper. A summary of the overall process is described in **Annex A**.

The Process

6. The programme team has undertaken a number of collaborative activities since the Autumn in order to progress the public health priorities. These were designed and are underpinned by the following principles:

- cover the full spectrum of public health;
- based on partnership working;
- informed by evidence;
- focused on achieving the most health gain.

7. Specifically, we have:

- i. Established an expert group to develop evidence-based criteria and advise on the approach to selection. This group comprised academic, public health professional and local government representatives.
 - ii. Carried out a review of the **Local Outcome Improvement Plans (LOIPs)** to ensure synergy and consistency with local community planning priorities. The outputs of this review are described in **Annex B**.
 - iii. Reviewed a wide range of **key sources**, including strategies relevant to public health, that could contribute to the development of the agreed priorities.
 - iv. Actively participated at **cross-sectoral engagement sessions** involving the NHS, national and local government and third sector stakeholders, including gathering specific views from delegates. Additionally, similar sessions are also planned in late January / early February with the Health & Social Care Alliance, the Health Protection Consultants in Public Health Medicine (CPHM) Group and the IJB Chief Executive Officers Group.
 - v. We are planning three regional stakeholder engagement events in collaboration with the Scottish Public Health Network (ScotPHN) in February 2018, where we will bring together all the key information and evidence.
8. From our initial analysis of the material gathered to date, there are a number of emerging themes around which the public health priorities could be established. These include:
- Alcohol
 - Mental Health
 - Diet and Obesity
 - Substance Misuse
 - Physical Activity

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- Health Inequalities
 - Poverty
 - Early Years, including Adverse Childhood Experiences (ACEs)
 - Housing and Place
 - Inclusive Growth
 - Community Empowerment
9. It should be noted that this is **not** an exhaustive list. We have drawn these themes from a number of sources, including the LOIPs, Health and Social Care Delivery Plans and analysis of the Fairer and Healthier conversations, which have had substantial public engagement in their development and priority setting. The LOIPs have also provided a robust 'bottom-up' approach as they have been developed from extensive consultation with local networks / local strategic forums made up of cross-sector professionals, elected members, community representatives and the voluntary sector. In addition to the above shortlist, we expect some themes to emerge from the areas of health protection and health and social care public health when we undertake the planned regional stakeholder events in February.
10. The regional stakeholder events will also provide opportunities for direct engagement with the public. As part of our communications and engagement strategy, we will also provide communication resources to support partners to undertake local engagement. The work of the expert group to develop an evaluation framework (see below) also provides a good basis to begin the prioritisation of potential priorities using an evidence-based, criteria-led approach.

Expert Group – Evidence-Based Criteria for Scotland's Public Health Priorities

11. In November 2017, an expert group chaired by Professor John Frank (University of Edinburgh) was convened and tasked with developing a set of criteria against which potential public health priorities could be judged, providing a transparent, evidence-based approach to final prioritisation. This approach was intended to tackle the difficult task of ranking priorities, rather than simply generating a list of apparently equal priorities.
12. In its final report, the group provided a definition of what a priority should be: "*Public health priorities for Scotland should be current problems that are important, amenable to change, with broad stakeholder agreement that they should be tackled now*". The subsequent criteria were explicitly developed to take a broad view of public health and to encourage new ways of working across traditional boundaries. The three headline criteria - that the priority should be a large problem for health in Scotland; that we can do something about; and that has broad stakeholder agreement - are further broken down into a total of 15 questions to be asked of each potential priority. Evidence sources are proposed for each. The final set of criteria are described in **Annex C**. In addition, the expert group has also proposed a long list of initial priorities which could provide the structural basis for the engagement events planned for February.

Regional Stakeholder Engagement Events – February 2018

13. Consistent with our commitment to adopt a whole-systems approach to reform, three regional stakeholder engagement events will take place in February to build consensus around the future public health priorities for Scotland.

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14. The events will be an opportunity to actively engage a wide range of health and non-health participants (around 100 delegates per event) and thus help inform the development of jointly-owned and agreed public health priorities. The events and subsequent collation of findings and outputs will be supported (in-kind) by facilitators through the expert assistance of the Scottish Public Health Network (ScotPHN). The Oversight Board will recall that ScotPHN also organised the 2015 Public Health Review consultation events. There will also be an additional fourth 'virtual event' to enable the participation of remote-based stakeholders unable to attend the regional events in person.

Proposed Format

15. The February events would be broadly structured as follows:

- Presentations from key speakers to set the context and inform and update delegates of progress in relation to Public Health Reform made between April 2017 and January 2018.
- An overview of the evaluation framework and a proposed draft long list of potential public health priorities for further discussion and agreement.
- Facilitated breakout discussions / workshops on the draft set of potential public health priorities incorporating the evaluation framework.

Audience

16. The events will comprise a wide range of participants including:

- the wider public health community and wider workforce;
- the NHS;
- Local Government;
- Community Planning;
- Third Sector;
- Health and Social Care Partnerships / Integrated Joint Boards;
- Health Improvement Specialists; and
- Scottish Government.

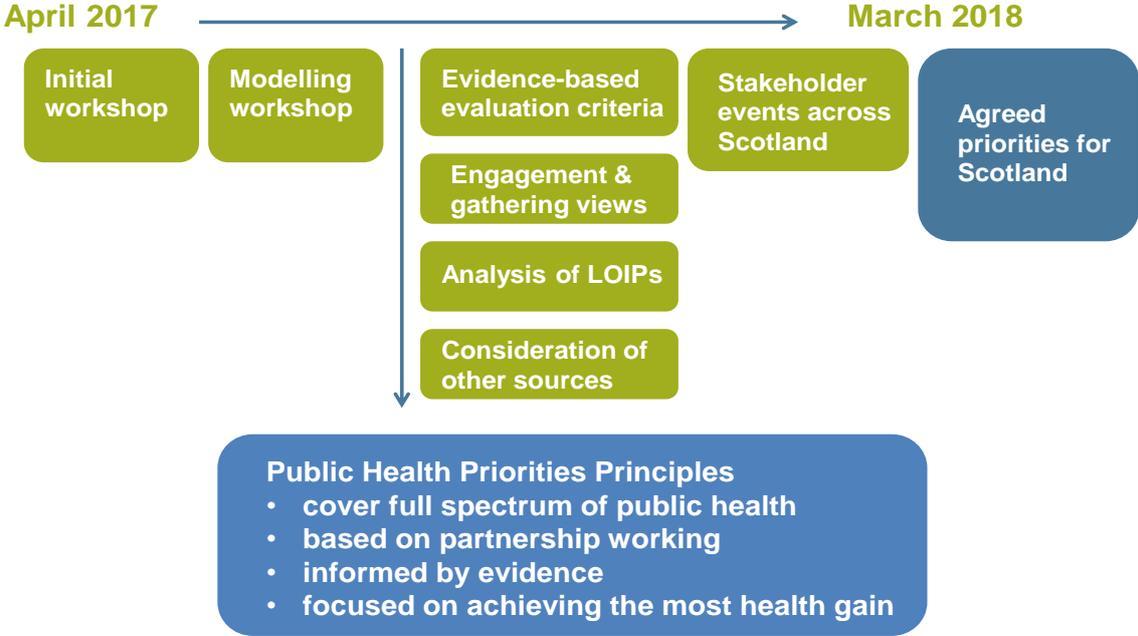
Next Steps: Post-February 2018 Stakeholder Events

17. Following completion of the regional stakeholder events, we will collate the outputs gathered and consolidate them with those produced from the earlier collaborative process. At this stage, we propose convening a **special meeting** involving members of both the programme team and the new Programme Board (subject to approval of the revised governance structure proposed in paper 3.7) to review the entire output and with a view to agreeing a recommended set of public health priorities. These will then be presented to existing Oversight Board members for final comment prior to submitting to Ministers and CoSLA for joint endorsement and publication in May 2018.

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ANNEX A

PROCESS TO AGREE THE PUBLIC HEALTH PRIORITIES FOR SCOTLAND



NHS HEALTH SCOTLAND RAPID REVIEW OF LOCAL OUTCOME IMPROVEMENT PLANS

Introduction

In December 2017, NHS Health Scotland (HS) undertook a rapid review of 27 published Local Outcomes Improvement Plans (LOIPs) produced by Community Planning Partnerships (CPPs) across Scotland.

Three areas embedded their LOIPs in committee papers and we were unable to find these until after the review. Two CPPs are not publishing LOIPS until April 2018. These areas were not included in this review.

The review was carried out on behalf of the team in Scottish Government who are supporting the creation of a new Public Health body. The purpose of this review was to identify what was in the LOIPs that would/might improve health and address health inequalities. This information will be used to contribute to the identification of the priorities for the work of the new body. This review was undertaken by members of HS' Public Service Reform Team.

It is important to note that this was not an assessment or a systematic analysis. A team of people were allocated a number of LOIPs each and used a template, see appendix, to record evidence of content to specific questions. These included any references to the social determinants of health and plausible theories about what works to improve health and address health inequalities (based on our professional understanding). Individual areas have not been identified and numbers used for significant numbers of LOIPs planning similar work.

A more detailed review of the LOIPs is planned by Health Scotland in partnership with the Improvement Service and Audit Scotland on behalf of the national Outcomes, Evidence and Performance Board. This review will be completed by March 2018.

There is variation in how the LOIPs are written, their content and size, e.g. from 4 to over 60 pages. Many refer to supporting documents, strategies and plans as informing the LOIP, this review does not include any information from supporting documents.

This paper covers the following areas:

- The data and evidence that informed the decisions on priorities in the LOIPs, what other evidence was used and what measurement (all areas are expected to have a performance framework) or evaluation the CPP plans to use to monitor progress and impact.
- Community Engagement is a key part of the Community Empowerment (2015) Act. CPPs are expected to engage with community groups and be influenced by what different localities want to improve in their area.
- As well as setting a vision, CPPs are expected to identify a small number of priorities that will set the strategic direction for their work.
- Health Inequalities
- Health Improvement

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Use of Data, Evidence and Measurement

The use of data and evidence to support decisions and priorities is present in nearly all of the LOIPs, although of different quantities and quality. Several of them refer to using national data for their area from the CENSUS, ONS, ScotPHO profiles, National Records of Scotland data, Scottish Index of Multiple Deprivation, and Information Services Division (ISD) data, evidence from Joseph Rowntree Foundation and local data on employment, economic development, education and housing. Some of the LOIPs have strong demographic data (local needs assessments, statistical profiles) and demonstrate a good understanding of the needs of different groups and communities in their area.

Many refer to the locality plans and how these have informed the overall priorities. Several areas have still to complete all of their locality plans. References are made in many of the LOIPS to supporting strategies and plans, e.g. Community Safety, Sustainable Growth, and Thriving Places.

Some areas have detailed statistical profiles for individual communities, others have poverty and inequality profiles to inform the locality plans. A small number of Local Authority Areas have undertaken Poverty/Fairness Commissions and these are referenced as informing priorities and outcomes.

In terms of measurement, some plans refer to short and medium outcomes and several have targets or indicators or a performance framework that shows a clear connection between actions and outcomes that will address inequalities. A small number of plans reference the connections between the NHS Local Delivery Plans and Health & Social Care Partnerships' delivery plans.

Several of the plans have high-level aspirations with little information on how they plan to achieve these or appendices/links to supporting documentation, such as action plans.

Community Engagement

Eleven LOIPs mention explicitly how their engagement with people has informed their decisions, priorities and the outcomes that people want to see as a result of actions. Different methods to engagement were used including: stakeholder workshops, citizen panels, targeted (geographic and communities of interest) engagement events, specific meetings with reps from the third sector and surveys.

One area said they used a 'wish list of what matters to the general public' to set their priorities.

One area mentioned that they undertook an Equalities Impact Assessment on their priorities.

There was less information about how the areas had been inclusive and the steps they had taken to include the views of groups or individuals who may face barriers to engagement.

Priorities

There is a strong similarity between the priorities across the LOIPS, although they may be described differently. These include:

- Tackling inequalities (the majority of the LOIPS refer to this) – includes reducing the gap, reducing inequalities

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- Tackling/reducing poverty – job creation, improved access to training and support to join and stay in employment
- Improving outcomes for children and young people – examples are ‘best possible start’, better outcomes for Looked After Children and care leavers, reducing the attainment gap, increasing engagement with education, better destinations for school leavers. Several areas talk about closing the gap for children and young people, including young carers, who are most affected by poverty.
- Economic development/regeneration/growth, fair work, city regional deals
- People and resilience – focus on safeguarding, meeting the needs of vulnerable people, reducing isolation and loneliness
- Prevention - people living longer, active and healthier lives
- Place, communities – connected, stronger safer places, community participation, more engaged/involved in decision-making that directly affects that neighbourhood/locality, available affordable, warm housing. Some of the more rural and remote areas are keen to retain their population and attract new people to come and live and work there to increase it.

Health Inequalities

As stated above, the main priorities for the plans are to address inequalities. All the plans covered themes related to addressing inequalities that would then improve health inequalities, although some used different language, for example about ‘improving lives’ or the needs of particular groups without explicitly mentioning ‘health inequalities’. The majority of the plans demonstrated some understanding of the social determinants of health and effective actions to mitigate, prevent and undo health inequalities.

Several areas want to focus on **prevention and early intervention** to address inequalities, some speak about ‘upstream’ work and approaches to prevent inequalities from happening.

It was not always clear whether the partnerships understood the difference between inequalities, health inequalities and equalities. This was demonstrated by the range of ways in which the plans approach the topics and the language or examples used. Some plans discussed inequalities solely in terms of particular groups or people with protected characteristics.

(Inequalities are the differences in outcomes across the population and between specific population groups, while health inequalities are specifically the differences in health across the population and between specific population groups. Discussion of equalities tends to focus primarily on the differences in outcomes for groups with characteristics protected by the Equality Act (2010).)

For example, in the LOIPs, several speak about **addressing inequalities directly** and then identify the groups of people they intend to focus on to improve their outcomes, e.g. vulnerable adults, children and young people living in disadvantaged areas, gypsy travellers, refugees and asylum seekers, young people leaving care, veterans, people who are unemployed, frail older people, people with dementia.

Although some geographic communities were identified in the data sections of the LOIPs, only a few areas made specific mention about what their plans were to support those communities directly which had the poorest outcomes. **Economic growth** – this figures strongly in the majority of the LOIPs.

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Implicit References

As set out above, nearly all of the LOIPS refer to tackling inequalities and want to do something to improve the socio-economic circumstances of their populations. These approaches are known to improve health.

There is less information on how areas plan to actually narrow the gap in inequalities and how they will target specific communities or groups.

Health Improvement

Several LOIPs have outcomes to improve the health of their population by addressing some of the existing 'problems', e.g. improving oral health, people's relationship with alcohol as well as plans to prevent the problems occurring. Many directly relate to the national strategies and related targets that have been set to improve health, e.g. Obesity, reduce tobacco related harm, community justice.

Preventative and early intervention actions include early engagement to raise awareness of the negative impact on health of some behaviours or targeting particular groups of people, such as carers, children and young people. There are examples of actions to improve signposting and increased referrals to local activities and wellbeing programmes. Improving access to support and services is mentioned in some of the plans.

Whilst many areas say that they want to improve the health & wellbeing of their populations, several do not say 'how' they intend to do this or refer to any local strategies for addressing these.

Alcohol and drugs – many LOIPs (12) have specific plans/actions to address the needs of people who are dependent on alcohol and/or drugs. Their approaches include prevention, aimed at children and young people in particular, i.e. early education on the negative impact on health & wellbeing of taking alcohol and drugs. Some want to limit the impact of adult behaviours in relation to alcohol and drugs on children.

Children & Young People – as mentioned in earlier sections, many of the LOIPS say the area wants to improve outcomes for children and young people. Directly related to health improvement is a focus on child healthy weight and increasing children's healthy start as a proxy measures to indicate improvement. Several want to mitigate and prevent the impact of poverty on children's health & wellbeing. Some of the other issues that are in the LOIPS are to reduce teenage pregnancies, encourage more young people to be more physically active and eat healthier.

Increase Physical Activity – 10 areas have specific plans to increase physical activity and/or promote active living. Some are targeting groups of people who are at the 'highest risk' of poor health. Initiatives are varied. For example, one area has plans to provide a range of physical activity opportunities in targeted localities to promote social interaction and improve the wellbeing of those experiencing social isolation, with a related target of increasing the number of unique users engaged in targeted health improvement programmes.

People who are **Homeless** or have **dementia** are identified as groups who need specific attention in a few areas. One area wants to focus on improving men's health & wellbeing.

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Mental Health & Wellbeing – several areas want to improve outcomes for people with mental health problems, prevent mental health problems from occurring & lessen their impact when they do, particularly on children. Some LOIPs refer to local mental health strategies. A few areas want to reduce social isolation and loneliness, although it is not always clear which groups of people they plan to target to do this.

Implicit connections to improving health – most of this is covered in earlier sections.

As mentioned above, some areas want to identify those most at risk of loneliness and isolation.

Two areas want to reduce CO2 emissions and develop more Greenspaces.

Members of the Public Sector Reform Team involved in the review of LOIPs:-

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- Emma Kennedy
- Eileen McMillan
- Emma Doyle
- Phil Eaglesham
- Michael Tornow
- Ruth Jeffrey

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Appendix 1 – NHS Health Scotland - LOIP Review Framework (to inform PH reform)

Aims:

To capture **explicit** and **implicit** references to improving health and/or addressing health inequalities in the Local Outcome Improvement Plans using the question framework below. This should include any references to the social determinants of health and plausible theories about what works to improve health and address health inequalities (based on our professional understanding).

The information will be used to inform the work of the Public Health Reform team at Scottish Government.

Link to LOIP:	
Reviewer:	

Review Questions	Page No.
<p>1. Vision, focus and key priorities</p> <p>a) What is the overarching vision and focus of the LOIP?</p> <p>b) What are the key priorities?</p> <p>c) To what extent does the LOIP reference the use of data and evidence to identify the key priorities?</p>	
<p>2. Tackling inequalities</p> <p>a) What approaches have been identified to address inequalities in the LOIP? (i.e. explicit references to inequality/ies)</p> <p>b) What other approaches have been identified in the key priorities or themes that will address inequalities? (i.e. implicit references including the wider determinants e.g. socio-economic disadvantage, the needs of specific communities)</p>	

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3. Improving Health

- a) What approaches have been identified to improve population health in the LOIP? (i.e. explicit references to health prevention/promotion/improvement)

- b) If no specific approaches have been identified will the key priorities or themes contribute to improvement of population health?

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ANNEX C: EVIDENCE-BASED CRITERIA FOR CHOOSING SCOTLAND'S PUBLIC HEALTH PRIORITIES

Headline	Sub-question	Potential Evidence Sources
1. Is this priority addressing an important public health concern?	1.1 What is the current 'size' of the problem?	<ul style="list-style-type: none"> DALYs from the Scottish Burden of Disease (SBoD) / Global Burden of Disease study / Institute of Health Metrics and Evaluation; Triple I tool (ScotPHO); published literature; DALYs associated with the system / service; Published research
	1.2 How has the problem changed and how might it change in the future?	<ul style="list-style-type: none"> Historical trend data and future disease burden e.g. demographic changes; socio-economic scenarios
	1.3 What would happen if we disinvested in this area?	<ul style="list-style-type: none"> International comparisons, published literature, expert opinion
	1.4 What are the wider impacts ?	<ul style="list-style-type: none"> Published research and expert opinion on the externalities associated with this priority on other priorities, social factors such as inclusive economic growth; education attainment; community cohesion, etc.
2. Can we do something about it?	2.1 Is this issue amenable to prevention by known effective measures?	<ul style="list-style-type: none"> Gaps between Scotland and comparable country. Comparison of the trend rate of change; rapid review of effective approaches; what leverage do we have to 'nudge' toward this priority – i.e. what is the added value of public health? <i>Note: an example of 'rapid review' has been produced and provided by SCPHRP team</i>
	2.2 Are the measures cost efficient ?	<ul style="list-style-type: none"> Estimates of cost in line with the examples provided above. Map against existing resources
	2.3 Does this priority impact health inequalities , or risk worsening them?	<ul style="list-style-type: none"> Broadly qualitative indicator of the relative contribution of a priority to overall Scottish inequalities in health. Expert opinion and published evidence where available; Is the system disproportionately focused on one group?
	2.4 When might we expect to see results?	<ul style="list-style-type: none"> Rapid review of published literature, expert opinion
	2.5 Is there scope for innovation on this priority?	<ul style="list-style-type: none"> International comparison and expert opinion on whether there is a new way of working; what innovative approaches exist elsewhere that could be applied here?
	2.6 How can communities be empowered through this priority?	<ul style="list-style-type: none"> Rapid review of published literature, expert opinion
3. Do we want to do something about it?	3.1 Do the public prioritise this issue?	<ul style="list-style-type: none"> Review of public surveys or consultations on this topic for example Healthier Scotland consultation.
	3.2 Do local government prioritise this issue?	<ul style="list-style-type: none"> Use the analysis of the Local Outcome Improvement Plans and Locality Plans to provide insight into the extent to which local government prioritise this issue.
	3.3 Do the professions who will likely work on this prioritise this issue?	<ul style="list-style-type: none"> Does the priority feature in the FPH Manifesto? This level of support would also be gauged through feedback at the engagement events.
	3.4 Does the Scottish Government share the aims of this priority?	<ul style="list-style-type: none"> What does the Programme for Government and National Performance Framework say about this priority? Other relevant national policies? Will this priority enhance Public Health leadership and be consistent with the other aims of the Public Health Review?
	3.5 Is this issue best addressed by a joined-up approach rather than lying mostly with one agency?	<ul style="list-style-type: none"> Expert opinion on whether this the work to achieve this priority shared across partners involved – i.e. does it resonate with the NHS, local government, national government and others?