Paper 8 – Public Health Reform (PHR) – Public Health Priorities for Scotland Public Health Reform Programme Board – 29th March 2018

PUBLIC HEALTH PRIORITIES FOR SCOTLAND

1. Purpose

To provide an update on progress to establish the public health priorities for Scotland and to seek your decision on the recommendations outlined below.

2. Background

At its last meeting held on 25 January 2018, the Public Health Oversight Board (PHOB) were advised that following completion of the regional stakeholder engagement events the programme team would collate and review all the outputs gathered as part of the collaborative process in order to reach agreement on a recommended set of public health priorities. An Expert Advisory Group (EAG), which comprised of senior public health and local government professionals, was asked to assist in reviewing the entire output and a workshop was arranged on 15 March in St. Andrew's House to help with that effort, and to make clear recommendations.

This paper describes progress made since the January PHOB meeting as we proceed towards a spring delivery date for agreeing Scotland's priorities. Specifically, it focuses on the key findings from the engagements undertaken to date and how they have helped to inform the recommendations made by the EAG, on a potential set of themed public health priorities. The views/comments and decision of the Programme Board are welcomed. Specifically, that you:

- **Note the progress made since the last PHOB meeting – particularly noting the key findings that emerged from the regional stakeholder engagement events.**

- **Note the recommended set of themed priorities, and the rationale, that have emerged from the EAG workshop held on 15 March.**

- **Taking into consideration the associated risks, approve the recommended set of themed priorities and pave the way for the programme team to proceed to finalising the publication of these.**

Discussion

The Programme Board should note that a clear and well-defined process has been in place since last summer in order to help agree a clear set of public health priorities for Scotland. It outlines all the collaborative activities undertaken by the public health reform team with wider public sector partners from across the NHS, local government and the third sector. As a result of our active participation and comprehensive engagement, we are now in a strong position to offer specific recommendations on what the public health priorities should be and how they should be framed.

3. The Process

As a quick reminder, the process to agree the priorities has involved a wide range of activities and is presented in **Annex A**. In summary, we:-

- Established an Expert Group to develop an Evaluation Framework and Criteria used to advise on the approach to judging and selecting potential candidate priorities. This group comprised academic, public health professional and local government representatives.

- Carried out a review of the Local Outcome Improvement Plans (LOIPs) to ensure synergy and consistency with local community planning priorities.

- Reviewed a wide range of key sources, including strategies relevant to public health, that could contribute to the development of the agreed priorities.

- Proactively participated at cross-sectoral engagement sessions involving the NHS, national and local government and third sector stakeholders, including gathering specific views from delegates as well as those staff who will be part of the new public health body.

- In collaboration with the Scottish Public Health Network (ScotPHN), convened three, facilitated, regional stakeholder engagement events in February 2018 (plus a virtual event for remote-based stakeholders) to build consensus around the future public health priorities for Scotland.

4. Regional Stakeholder Engagement - Key Findings

The regional events involved a wide array of stakeholders. With over 400 participants in total, the events presented an opportunity to inform delegates on the wider reform programme as well as focus in on the priorities. An overview of the Evaluation Framework and Criteria was presented to help delegates prepare for the two workshops that had been arranged. At the first workshop participants, within their groups, were allowed to make any amendments to the criteria which they were provided with (see **Annex B**) to help improve/strengthen the criterion, plus they were also asked to suggest an initial long list of priorities. At the second workshop, each group was asked to develop its own, ranked list of priorities using the initial long list they developed earlier. The highly participative format of these events resulted in a wide ranging list of priorities and has thus helped inform the post-event analysis of emerging themes and priorities.

Whilst the final report of all the events has yet to be published, a preliminary analysis of the workshops has been carried out. Two critical questions were addressed for this interim analysis:

i. What were the most highly ranked priorities across the engagement?
ii. What wording was used to describe these priorities?

Data gathered from the all three events held in Edinburgh, Aberdeen and Glasgow and the virtual events have been included in the analysis. The individual short list of priorities from each of the delegate groups was transcribed to obtain an overall list of headline priorities chosen on a group-by-group basis. Where a group identified a 'composite' priority i.e. one that encompassed more than a single issue or challenge it was broken down into individual priorities including the rationale to help understand the choices made. Priorities were then mapped or grouped to a smaller number of broad priority themes.

Annex C provides the final ranking of individual priorities. The point scores provide an indication of the level of separation between each rank, and the rankings provide the order. There are some natural breaks in the top ten priorities with two clearly dominant priorities (i.e. mental health and wellbeing; and poverty and inequality) followed by a fairly steady decrease in preference across the remaining priorities. Perhaps unsurprisingly within many of the proposed priorities, health improvement-related issues predominate although delegates did express the need to ensure health protection and healthcare public health activities were not 'lost'. In the final report we will look in more depth at the rationale given for each of the top priorities to build the narrative and explain their inclusion. Nonetheless, the interim findings have proven to be very useful and informative and, in actual fact, have provided a solid basis for the subsequent discussion that took place at the EAG workshop, and its resulting recommendations.

5. Expert Advisory Group (EAG) Workshop – 15 March 2018

The Public Health Reform team convened a workshop involving a small, highly experienced group of senior public health professionals from the University of Edinburgh, the Glasgow Centre for Population and the Improvement Service. The purpose of the session was to provide an overview of all of the evidence generated throughout the process to date, including the interim findings from the February stakeholder events, and to use that evidence to make firm recommendations on a potential set of public health priorities for Scotland. The evidence reviewed led to a focused discussion on the topics that had come through strongly during the engagements.

Having considered all the evidence, a broader set of thematic priorities were favoured over specific or focused topics. Whilst focused topics would arguably allow for more concerted action, a broader statement of priorities is likely to better serve the key aim of public health reform – which is to mobilise and align the whole system behind the public health endeavour and enable all key partners to see their role clearly. There was also clear consensus that the priorities should be positively-framed, aspirational statements and the inter-related nature of all priorities should be clearly articulated. The EAG advised that the reform priorities should also be stated in the same document that we publish as this would draw the distinction between 'how we work' and 'what themes we work on' in Scotland. The 'how we work' would cover the aims of the Public Health Reform Programme.

5.1. Choosing Priorities

As a result of the discussion the EAG agreed on a set of positively-framed thematic priorities presented in the following table:

A Scotland where…		
1	We live in safe and healthy places.	**Place and Community**
2	We flourish in our early years.	**Early Years**
3	We have good mental wellbeing.	**Mental Health and Wellbeing**
4	We are not dependent on harmful substances.	**Tobacco / Alcohol / Addictive Drugs**
5	We have an inclusive economy with fair share, of what we have, for all.	**Poverty & Social Exclusion (including Inequality)**
6	We eat well and are active.	**Diet and Physical Activity**

5.2. Rationale

The rationale for each of the priorities was described by the EAG as follows:-

i. **Place and Community**: By this we mean not only communities that are physically safe, in terms of clean air and water, healthy and affordable food, appropriate housing, neighbourhood traffic safety and low crime, but also wider global issues such as mitigating climate change, and preserving accessible and secure green spaces for public use.

ii. **Early Years**: Here we refer not only to optimising every child's chances to succeed in life, by fully developing their talents, but also minimizing Adverse Childhood Experiences – an early life factor now clearly shown by research to be linked to virtually every kind of adult health and functional problem, especially poor mental health, substance abuse, criminality, obesity, and poor school and work performance.

iii. **Mental Health and Wellbeing**: This theme covers not only the equitable inclusion in our society of persons who have already developed mental health problems, but also the prevention of these problems in the first place – for example, by ensuring that every child is wanted, loved and competently parented.

iv. **Tobacco, Alcohol and Addictive Drugs**: Here we refer to the full spectrum of substances with the potential to harm our health and wellbeing, as well as those around us, largely through dependency or addiction.

v. **Poverty and Social Exclusion**: This theme covers not only economic deprivation but also other reasons for exclusion from society, including prejudice and stigma arising from race, ethnicity, immigration status, gender and sexual orientation, age, disability, etc. It also covers the growing body of evidence the inequality itself is related to societies as a whole – not just the disadvantaged – failing to reach their full potential.

vi. **Diet and Physical Activity**: Here we refer to healthy eating and physical activity in their broadest senses, including: a) an affordable daily diet that fully meets nutrition standards (e.g. reductions in calories, sugars, unhealthy fats and salt, as well high levels of fruit and vegetable consumption); and b) daily physical activities that meet current guidelines for staying healthy, while accommodating disabled persons with limited activity options.

6. Risks and mitigations

Whilst the group has made its recommendations on a set of themed priorities, it is important to bear in mind the potential risks associated with their choice - particularly from those groups representing the various domains of public health. For instance, it is quite apparent that the chosen set have a health improvement / inequalities focus and so there could be some discontent among key stakeholders who would like to see an increasing focus on areas such health protection and healthcare in public health. This is completely understandable, however, the Programme Board should note that that the decisions of the EAG have been solely informed by the review of all the evidence collated as part of the process from the various collaborative activities and engagements undertaken. The findings are also aligned to the outcome of the 2015 Review of Public Health which emphasised the need to reduce health inequalities and increase healthy life expectancy. The recommended set of priorities will, in our view, help to achieve those key aims.

It is important also to note that the Public Health Reform Programme as a whole has a very definite focus on the full spectrum of public health. This includes aims around ensuring a strong, high quality and resilient health protection service for Scotland, and delivering an effective support function for health and social care services to the NHS, Local Government, Health and Social Care Partnerships and Community Planning Partnerships.

It must also be stressed that agreeing a themed list of priorities that are both inter-related and interdependent will, going forward, be conducive to a more open approach towards tackling public health and the associated ‘wicked’ issues that persist across Scotland despite long-standing attempts to resolve. The priorities articulated above present a real opportunity for the whole system to work in ‘new ways’ to approach and engage (i.e. the ‘fifth wave’ of public health) our stakeholders.

It is important that we build on and strengthen developing partnership endeavours at local level, as evidenced in the recently published LOIPs, which we reviewed as part of the process to agree the priorities. Public partners now, for the first time, have a common statutory duty to work together to “improve outcomes” and “reduce inequalities” and so any plans to achieve these key objectives should build in, and build on, the priorities that we agree.

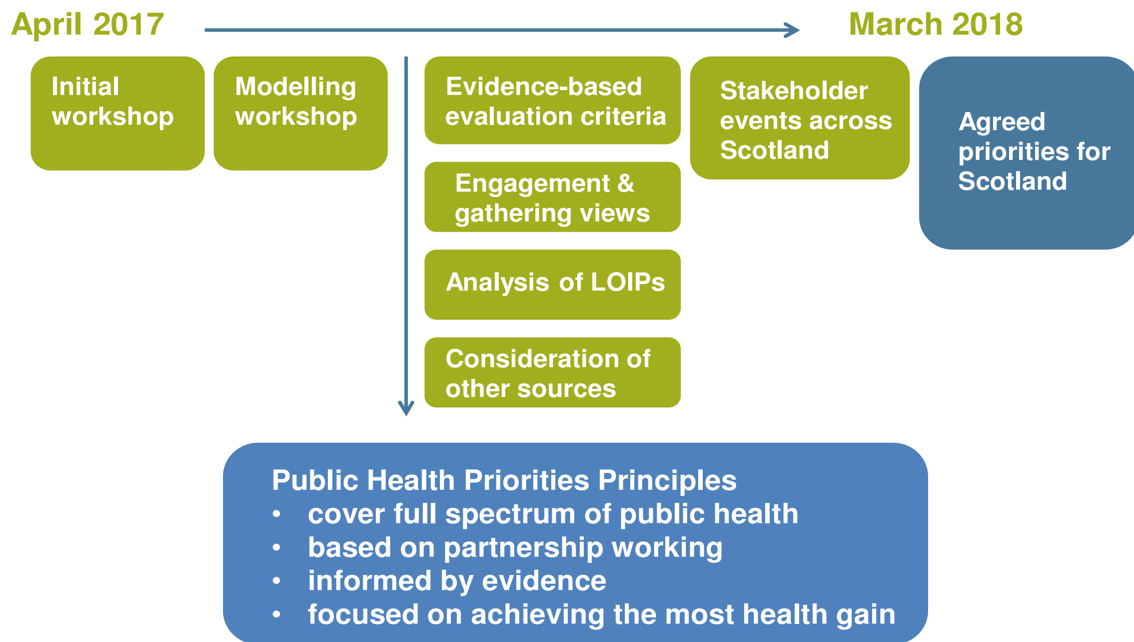
The priority-setting process is not the end of the story: our engagement on the wider reform aspects will continue with all the key constituencies beyond publication. However, having a solid and agreed priorities framework will help strengthen our future engagement. Strong, effective communication with our stakeholders will no doubt be key in that effort.

7. Next Steps

The national priorities will be published by spring this year. We have made plans, and have resources in place, to meet that date. The priorities will be jointly-agreed by SG and COSLA, and we will ensure that the narrative used within our final publication is coherent with the soon-to-be refreshed National Performance Framework as well as other key transformation programmes. However, we require the Programme Board’s decision on the draft set of themed priorities presented above in order to move to the next key stages in the governance process.

Paper 8 – Public Health Reform (PHR) – Public Health Priorities for Scotland
Public Health Reform Programme Board – 29th March 2018

ANNEX A: PROCESS TO AGREE THE PUBLIC HEALTH PRIORITIES FOR SCOTLAND



Paper 8 – Public Health Reform (PHR) – Public Health Priorities for Scotland

Public Health Reform Programme Board – 29th March 2018

ANNEX B: 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?	• 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?	• 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?	• International comparisons, published literature, expert opinion
	1.4 What are the **wider impacts**?	• 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?	• 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? • *Note: an example of 'rapid review' has been produced and provided by SCPHRP team*
	2.2 Are the measures **cost efficient**?	• 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?	• 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?	• Rapid review of published literature, expert opinion
	2.5 Is there scope for **innovation** on this priority?	• 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?	• Rapid review of published literature, expert opinion
3. Do we want to do something about it?	3.1 Do the **public** prioritise this issue?	• Review of public surveys or consultations on this topic for example Healthier Scotland consultation.
	3.2 Do **local government** prioritise this issue?	• 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?	• 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?	• 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?	• 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?

Paper 8 – Public Health Reform (PHR) – Public Health Priorities for Scotland
Public Health Reform Programme Board – 29th March 2018

ANNEX C: INDIVIDUAL RANKINGS OF PRIORITIES

	1: 10 points per table	Rank	2: One point per priority	Rank	3: Weighted	Rank
Mental Health and Wellbeing	378	1	310	2	426	1
Poverty and inequality	371	2	320	1	425	2
Early Years (including Adverse Childhood Experiences)	303	3	260	3	337	3
Diet and Obesity	300	4	260	3	271	5
Housing	267	5	220	5	273	4
Physical activity	235	6	210	6	242	6
Alcohol	222	7	210	6	219	7
Built environment and Place	208	8	190	8	212	8
Work and Education	177	9	150	9	176	9
Improve Public Services	145	10	130	10	136	11
Power / Community empowerment / development	137	11	130	10	140	10
Social isolation	129	12	110	13	115	12
Tobacco / smoking	107	13	120	12	106	13
Climate Change	102	14	80	15	87	15
Drugs	97	15	100	14	89	14
Health protection	90	16	80	15	78	17
Transport	74	17	50	19	82	16
Older people / Healthy ageing	70	18	80	15	62	18
Environmental Health / Air pollution	55	19	60	18	46	20
Vulnerable Groups / Stigma / Exclusion	51	20	40	21	41	21
Green space	49	21	50	19	49	19
Remote and rural health	41	22	30	24	34	22
Screening	33	23	40	21	30	23
Vaccination and Immunisation	32	24	40	21	29	24
Unintentional injuries	28	25	20	26	22	28
Health Intelligence / Technology	27	26	30	24	25	25
Controlling and managing chronic conditions	26	27	20	26	23	27
Violence and abuse	23	28	20	26	24	26
Sexual health and relationships	17	29	20	26	19	29
Antibiotic Resistance	17	30	20	26	14	31
Cancer	13	31	10	31	14	30
Dental	9	32	10	31	6	36
Health and safety at work	8	33	10	31	6	35
Leadership	8	33	10	31	11	32
Fuel poverty	8	33	10	31	7	34
Blood Borne Viruses	7	36	10	31	7	33