PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 2.4)

PUBLIC HEALTH PRIORITIES

Purpose

1. To discuss progress to date on establishing the national public health priorities and to seek your agreement on next steps.

Background

2. The Public Health Review (published in February 2016) provides a strong rationale for the development of new national public health priorities to strengthen and re-focus the public health endeavour in Scotland. Clearly identified priorities will guide related organisational reform and ensure that we have a common understanding about what matters most, bringing the core public health workforce and wider partners together in their efforts to improve public health and reduce health inequalities.

3. A stakeholder event was convened in April 2017 to develop an initial 'straw man' and high-level framework which was considered by the Oversight Board at their June 2017 meeting. The Oversight Board recognised that further logic modelling work was planned and asked that subsequent stakeholder engagement activity build on the emerging consensus for change and try hard to involve voices not normally associated with the public health narrative.

Progress to Date

4. At the time of the last Oversight Board, the national priorities lead official within Scottish Government had not yet taken up post. They did so on 11 July 2017. They joined at the height of the summer leave period and despite best efforts, identifying a date on which a suitable group of professional representatives could come together to undertake the logic modelling exercise proved challenging. This led to the late August meeting. During the period leading up to the logic modelling session, we have also spoken with a variety of interested stakeholders and it is becoming clear that a large volume of people wish to engage with and shape the priorities work. The majority appear concerned that the existing December timeline will simply not facilitate an effective engagement process.

Logic Model session

5. On 30 August 2017 a logic model workshop was held. Participants from the NHS, central and local government and the third sector contributed their expertise and views to help identify the short, medium and longer-term outcomes for public health. A full list of participants is presented in Annex A. Annex B provides the facilitated output from the session.

6. The workshop was highly productive and resulted in key themes and drivers that are consistent with the domains of focus (people, places and systems and services) set out in the original high-level framework. Annex B provides the basis for an engagement process.

Discussion

7. The first challenge with an exercise like this is the difficulty of identifying a discrete set of priorities that can exist within a wider system of influence, where all aspects of the public's health are considered important. In other words, the core functions of the public health effort must continue to be delivered in light of any new public health priorities. This context can lead to a situation where the emerging framework encompasses all aspects of the public health landscape, rather than a specific sub-set of action areas. This is where we currently are in terms of Annex B.

8. The second challenge relates to expectations around engagement, where we have a commitment to deliver the national priorities by December of this year. Emerging feedback from key stakeholders is that the level of engagement this would allow for is likely to fall short of their expectations. This could lead to some key partners being unable to fully support the emerging priorities.

9. Having reflected on the outputs from the logic modelling session, the project team is proposing two options in terms of progressing the next phase of the process – developing the priorities themselves. An outline of each option is set out below.

Option 1: Cascade logic model to key agencies for formal written feedback

Method	• The project team develops a 'light' engagement pack and asks August workshop participants to facilitate further discussion / engagement using the logic modelling framework as a basis for discussion within their organisations / partner agencies / professional communities during October and November. Responses are collated and used to develop the national priorities we publish in December.
Benefits	• This option can be completed by the end of the year, meeting the original deadline. This option can also be managed and run within existing resources.
Risks	• This approach could be perceived externally as being a top-down imposition of public health priorities, developed in a closed manner without meaningful engagement. • We may risk replicating the same priorities that have been produced in the past by simply having a discussion amongst a discrete group of known faces. • We may not win 'hearts and minds' using this approach. • This approach potentially lacks consistency across partner organisations and would rely heavily on the skills and interest of key individuals.
Resource	• No additional support required other than in-kind support from partners to facilitate local dialog.

Option 2: Evidence-based prioritisation criteria and stakeholder engagement

Method	• The project team commission a small group of public health experts to establish evidence-based criteria that can then be used to evaluate a long list of priorities in discussion across Scotland. We envisage a group of around five professionals drawing on their expert knowledge and existing research during October and reporting back by the end of that month. • In parallel, a more detailed stakeholder engagement pack will be developed with the aim of engaging with a broader range of individuals involved in the public's health. This pack will set out how the prioritisation criteria and evidence can be deployed in participatory events and will be designed to help reach consensus on the priorities. It is proposed that related events and subsequent collation of findings will be supported by external facilitators. We anticipate this engagement activity may roll into 2018 – January or February at the latest. • There will also be a resource implication which must be weighed against the potential benefits.
Benefits	• This approach will maximise the likelihood that we produce a final set of priorities that is seen to be evidence-based and which resonates across Scotland, is well-understood and produced in partnership with those who will be tasked with delivery. • Using a prioritisation framework developed by public health expert professionals will ensure a robust evidence based approach is adopted. This will help to address the questions around why one priority is being highlighted over another. • Using external and skilled facilitators will maximise the consistency and quality of the engagement. Designing the events to achieve consensus using methods such as preference voting will allow the findings to be as practical and focused and reduce the chance of producing vague or too high level priorities. • This approach is most likely to win 'hearts and minds' especially among those currently working in the public health profession who to date have only been involved at a very senior level. It will be a 'bottom-up' approach.
Risks	• Interest in providing expertise to such a group is likely to be high across partners but there is a risk in who is chosen to participate in this process. We propose identifying well respected senior leaders from public health research, local government and academia to participate. • This is a more involved two-stage process and so it is <u>unlikely</u> that we will be able to meet the original December deadline.
Resource	• Specialist / professional input to develop the priorities framework; around 6-8 experienced facilitators for each organised event (minimum of three half-day events covering North, East and West regions); event management experience; and assistance to source venues. May be available through SG or partner agencies. Propose that events be co-facilitated by those who will be involved

	in delivering the reform. • Specialist communications and engagement support to develop the overall strategic communications plan. May be available through SG or partner agencies.

Recommendation

10. Despite the potential impact on timescales and the increased resource requirements, we would advise the Oversight Board to approve **Option 2**. In our view, this is the first public engagement response to the 2015 Review and it is important that it plays a dual role in creating ownership of the change process as well as satisfying the technical task of determining the priorities.

11. At your June meeting, the Oversight Board concluded that the *'priorities need to resonate* with *all those people who will make the change happen'*. By ensuring that all of those individuals are involved in the engagement phase, we maximise the chance of achieving this and obtaining their endorsement of the final product, for a relatively small resource outlay and short delay in timeline.

12. Additionally, the Oversight Board's desire (expressed at your first meeting) that we consider all aspects of reform as a 'whole system' could suggest that viewing the final target date (for the delivery of the combined priorities, national body and regional/local systems) is the key date. In other words, we shouldn't be overly concerned if the dates for the contributing components need to flex in order to ensure the whole system fits together as envisioned.

13. If you agree, the next step would be to seek approval from Scottish Ministers / COSLA Leaders to the changed delivery date. If they agree, we would take action to ensure the shifting timeline does not have a detrimental impact on other aspects of the reform programme.

14. **The views and comments of the Oversight Board are welcomed. Specifically:**

- Which of the above two options does the Board feel would be most beneficial in developing the national priorities.

- Does the facilitated output of the logic modelling session (Annex B) provide a sufficient product on which to build subsequent engagement activity.

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ANNEX A

LIST OF ATTENDEES AT LOGIC MODEL SESSION

Andrew Fraser	Chair, NHS Health Scotland
Linda De Caestecker	Director of Public Health, NHS Greater Glasgow & Clyde
Syed Ahmed	Clinical Director, Health Protection Scotland
Phillip Couser	Director Public Health and Intelligence (PHI), NHS National Services Scotland (NSS)
Mahmood Adil	Medical Director, Information Services Division
Matthew Lowther	Head of Place & Equity, NHS Health Scotland
John O' Dowd	Vice Convenor, Faculty of Public Health in Scotland and Consultant in Public Health, Greater Glasgow and Clyde
Beth Hall	Policy Manger, Health & Social Care, COSLA
Jacqui McGinn	Health Improvement & Inequalities Manager, West Dunbartonshire H&SC Partnership
Carol Tannahill	Chief Social Policy Adviser, Scottish Government (SG) and Director, Glasgow Centre for Population Health
Andrew Scott	Director of Population Health, SG
Gareth Brown	Head of Health Protection, SG
Daniel Kleinberg	Head of Health Improvement, SG
Angela Campbell	Head of Health Analytical Services, SG
Asif Ishaq	Public Health National Priorities Lead, SG
Alan McGinley	Policy Manager, Arthritis Care (*Representing Voluntary Health Scotland*)
Lucy Mulvagh,	Director of Policy & Communication, The Alliance
Cathy Asante	Legal Officer, Scottish Human Rights Commission
Robin Tennant	Fieldwork Manager, The Poverty Alliance
Della Thomas	Executive & Governance Lead, NHS Health Scotland (supporting SG Project Team)
Carole Edwards	Principal Research Officer, SG (Facilitator)
Colin Sumpter	Public Health Registrar, NHS Forth Valley (Observer and supporting SG Project Team)

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ANNEX B: OUTPUT FROM THE LOGIC MODEL SESSION