Paper 4.1 – Public Health Reform (PHR) – Public Health Priorities For Scotland
Public Health Oversight Board – 19th April 2018

Purpose

1. To update you on progress made to agree the public health priorities for Scotland and to note below the suggestion for a Board-level discussion on next steps.

Background

2. At the last meeting on 25 January 2018, the Oversight Board was advised that following completion of the regional stakeholder engagement events, that took place in February, 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), 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.

3. This paper describes progress made since February as we proceed towards a spring delivery date for agreeing Scotland's priorities. Specifically, it focuses on the key findings from the regional stakeholder engagement events and how those have helped inform the recommendations made by the EAG, on a potential set of themed public health priorities. These priorities were presented for approval to the Programme Board at its first meeting held on 29 March. Approval was granted and the thematic set of priorities is presented in this paper. You should also note that the COSLA Health & Social Care Board, at its last meeting on 6 April, reached consensus on the priorities and has agreed to recommend them to Political Leaders for final clearance (joint clearance in tandem with SG Ministers) on 27 April 2018.

4. Given the progress made, we would <u>now</u> invite the Board to discuss and provide their thoughts and insights to help inform the next key steps, beyond publication of the priorities. Specifically:

   - How the Board envisages the priorities being used in the context of <u>their</u> work / organisation / sector.
   - How the <u>different</u> parts of the whole system can work collaboratively to help implement the priorities, and build collective ownership.

5. The Programme team will open the discussion with a short presentation reviewing the process and 'journey' that has led to the approved set of priorities. We will then invite contributions and input on the above questions from the Board which will help us to shape the next steps. Meantime, the views or comments of the Board are welcomed. Specifically, that you:

- **Note the good 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, and which have been subsequently approved by the Programme Board on 29 March.**

- **Note that we are on track to publish jointly agreed and shared set of public health priorities by this spring, as planned.**

Discussion

6. The 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. This was outlined at the last Oversight Board meeting and includes 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 quick reminder, the process is presented in **Annex A.**

Regional Stakeholder Engagement - Key Findings

7. 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 Evidenced-based 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.

8. A thorough analysis of the workshops has been carried out and provided to the Public Health Reform team. A final report is scheduled to be published later this month. Two critical questions were addressed for this preliminary analysis:

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

9. Data gathered from the all three events held in Edinburgh, Aberdeen and Glasgow and the virtual events were 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.

10. **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 proved to be very useful and informative and provided a solid basis for the subsequent discussion that took place at the EAG workshop, and its resulting recommendations.

Expert Advisory Group (EAG) Workshop – 15 March 2018

11. 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 Health 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.

12. 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.

Agreed Priorities

13. As a result of the discussion the EAG agreed on a set of positively-framed thematic priorities presented in the following table. Please note the specific wording used in the table has yet to be finalised and we would welcome any comments you have on it.

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 reduce the use and harm from tobacco, alcohol and other drugs.*	**Tobacco / Alcohol / Other Drugs ('Substance Use)** **
5	We have an inclusive economy with fair share, of what we have, for all.	**Poverty & Social Inclusion (including Inequality) *** **
6	We eat well and are active.	**Diet and Physical Activity**

** Amended from: "A Scotland where we are not dependent on harmful substances."*
*** Amended from: "Tobacco / Alcohol / Addictive Drugs."*

*** Amended from: "Poverty & Social Exclusion"*

Rationale

14. 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 Other 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 Inclusion**: 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.

Key Considerations

15. It is quite apparent that the chosen set of priorities have a health improvement / inequalities focus. We have to be mindful that some parts of the public health community may view their important activities as having been omitted from the list of priorities. In particular there is no explicit health protection priority included, although health protection activities are implicit within the list above. The proposed priorities do not also make any reference to anti-microbial resistance (AMR), as potentially the greatest current threat to public health. However, there is an important distinction to be made between the priorities for the whole system - in the context of tackling health inequalities and improving health life expectancy - and the priorities of the new public health body and other bits of the system in terms of important essential activities such as incident management, tackling AMR or other activities such as vaccination. The final priorities publication will reflect this.

16. 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. 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.

Stakeholder Endorsement

17. While SG and COSLA are leading the reform programme, the public health priorities will be owned and supported by a broad range of stakeholders. We have already started work to seek endorsement for the priorities from a wide range of stakeholders, referencing supporting statements within the publication from key 'messengers' endorsing our overall approach. This would include prominent stakeholders from local government, NHS Scotland, health and social care, community planning and the third sector and will provide a powerful statement of intent as we aim to build consensus and support for Scotland's public health priorities.

Alignment with Key Strategies and Policies

18. We will align the publication of Scotland's priorities with other, key SG strategies including the National Performance Framework and the five Health Improvement strategies or delivery plans being refreshed/introduced this year to cover: Alcohol; Diet & Obesity; Physical Activity; Substance Misuse; and Tobacco Control. The Minister for Public Health has previously indicated a wish to see these different strands take more account of the links between each other and to do so in a way which demonstrates publicly the Government's overarching vision and commitment. The publication of the public health priorities will help to achieve that. SG and COSLA will increasingly ensure that any future policy cross-refers and is aligned with Scotland's public health priorities.

Going Forward

19. 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.

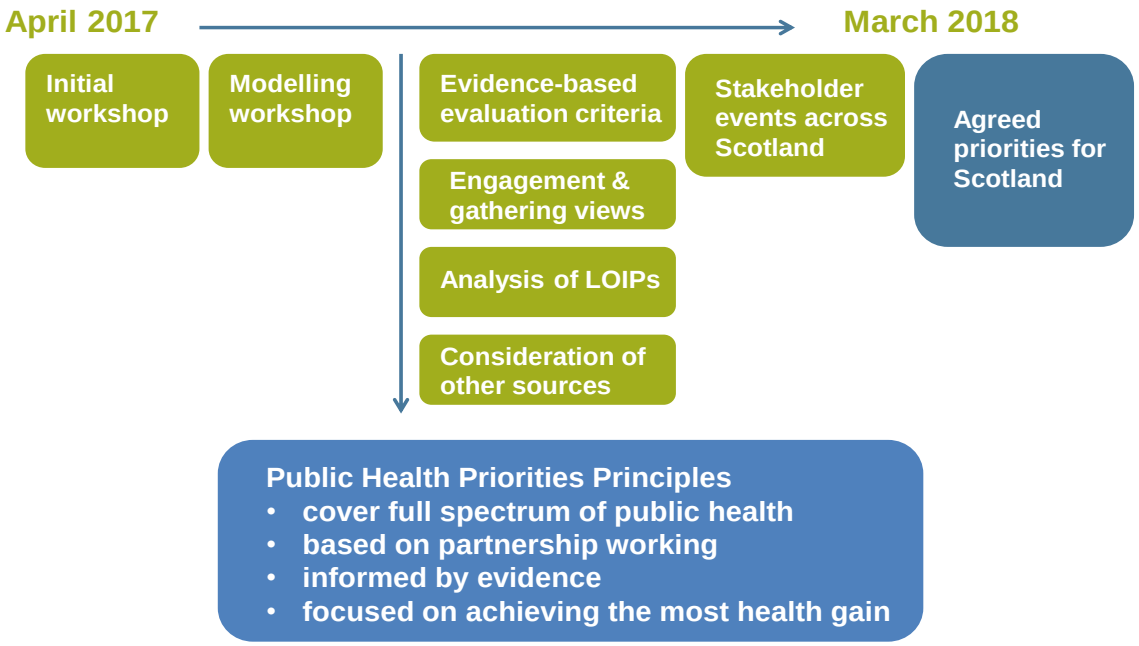
20. The priority-setting process is not the end of the story: our engagement on the wider reform aspects will continue with all the key constituencies beyond publication. However, having a solid and agreed priorities framework will help strengthen our future engagement. Strong, effective communication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

Next Steps

21. Scotland's public health priorities will be published by spring this year. We are currently drafting the document which will be co-owned by the Scottish Government and Local Government and so the formal clearance, later this month, will be by Scottish Ministers and by COSLA Political Leaders.

ANNEX A

PROCESS TO AGREE THE PUBLIC HEALTH PRIORITIES FOR SCOTLAND



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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	3.1 Do the **public** prioritise this issue?	• Review of public surveys or consultations on this topic for example Healthier Scotland consultation.

something about it?	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?

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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