PUBLIC HEALTH PRIORITIES FOR SCOTLAND – OUTPUT FROM EXPERT ADVISORY GROUP WORKSHOP SESSION HELD ON 15 MARCH 2018

Attendees

Name	Role	Organisation
Eibhlin McHugh (Chair)	Co-Director	Public Health Reform team
Asif Ishaq	Priorities lead	Public Health Reform team
Mark McAllister	Communications lead	Public Health Reform team
Colin Sumpter	Specialty Registrar	Public Health Reform team
John Frank	Director	Scottish Collaboration for Public Health Research and Policy
Carol Tannahill	Director	Glasgow Centre for Population Health
Colin Mair	Chief Executive	Improvement Service

Background

At this meeting, the Public Health Reform team provided an overview of the evidence generated throughout the process to date to develop the public health priorities for Scotland. This included reports on the evidence-based criteria, the policy context, individual meetings with stakeholders and the outcomes of the large stakeholder engagement events. The team clarified that the aim is for these to be priorities for Scotland as a whole, and that they will act as a focus to mobilise the wider system to protect and improve the public's health.

This paper presents a summary of the discussion that took place and clearly sets out the proposed priorities to be developed and the framing (or narrative) that will accompany them.

Priorities

The evidence reviewed led to a focused discussion on the topics that had come through strongly during the engagements. Looking through the most prominent groupings of priorities revealed that there was good alignment with the policy context and sound basis for selection in line with the criteria developed. This discussion, and evidence review, was the basis for the selection made.

Broader priorities were favoured over highly focused topics. Whilst focused topics would allow for more concerted action, the aim of public health reform is to mobilise and align the whole system behind the public health endeavour and for all partners to see their role clearly. Hence, the group felt that broader statements of priority will better serve that purpose. Also, it was recognised that health outcomes result from a wider system of influences that operate over the life-course and so a narrow framing of priorities would have less impact than a framing that recognises the relationships between issues and seeks to maximise potential synergies.

It was agreed that priorities be **positively-framed**, as aspirational statements, rather than as topic areas. The **inter-related** nature of all priorities should be clearly articulated. The opportunities that lie where priorities intersect should be stressed.

We should restate our **reform priorities** clearly in the same document and diagram as we set out these **thematic priorities**. This would draw the distinction between 'how we work' and 'what themes we work on' in Scotland.

A final set of <u>thematic</u> priorities was agreed:

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 / other 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

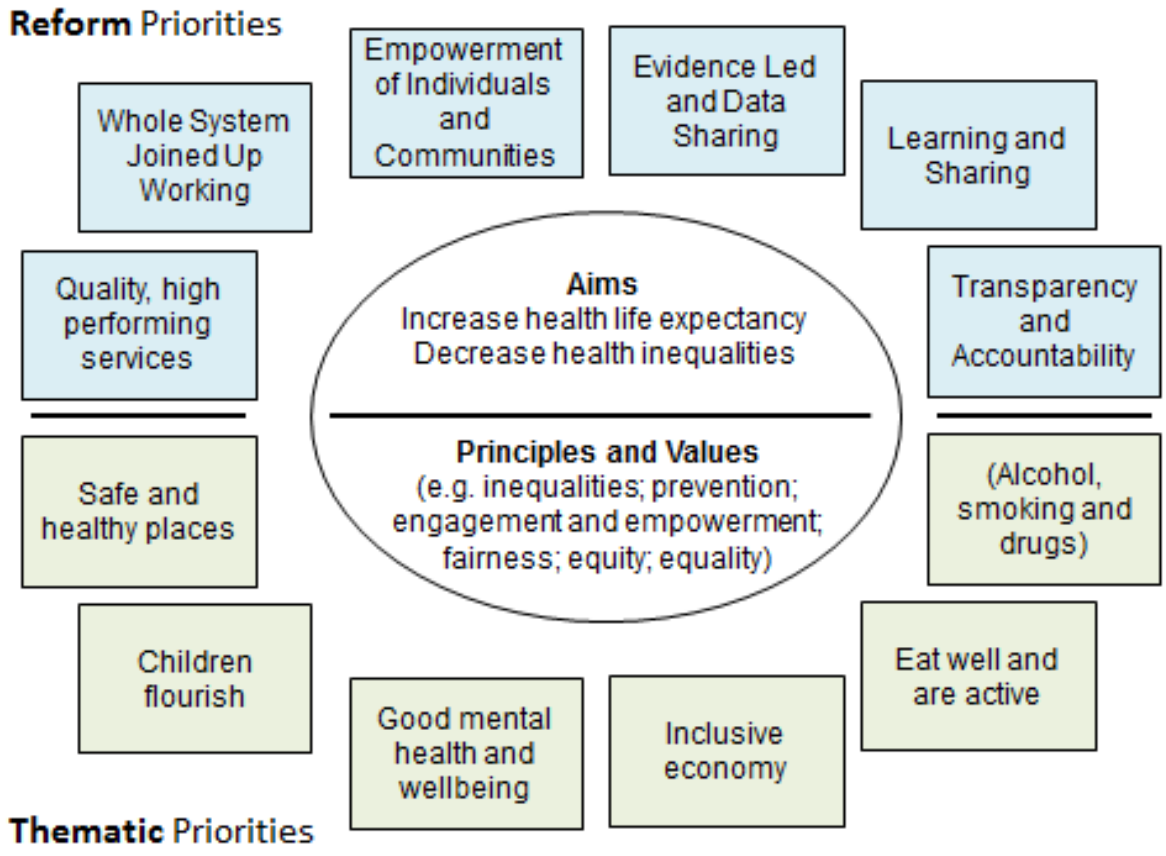
The following further amplifies what we mean by these thematic priorities:

1. 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.
2. 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 (see items below).
3. 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.
4. 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.
5. 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.
6. 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); b) daily physical

activities that meet current guidelines for staying healthy, while accommodating disabled persons with limited activity options.

As we engage with our policy colleagues in the Scottish Government (SG) and elsewhere the wording of these priorities may be refined. However, we will seek to align with the National Performance Framework and the upcoming SG health improvement government strategies and/or plans.

An example diagram of how we discussed laying out the system priorities:-



Narrative

The narrative should start on a positive note with an introduction focusing on the general improvement in our health over the years. Credit should be paid to those who have contributed to this from across the spectrum of efforts in Scotland. Focus should be on the distribution of these gains in the population and how many have been left behind.

The narrative around the priorities needs to cover key principles and values and be framed in a way that resonates with different audiences and stakeholders. We will develop content which will clearly describe:

- What is the problem or issue?
- Why now and what's the opportunity?
- What would be different?

- What's our ambition?

We will also recognise that action will be required at national, regional and local levels; and through policy formulation to delivery and community empowerment processes.

What is new about these priorities is the **time and place**. The context into which these priorities are being placed should be well understood and articulated. The priorities themselves are a fairly standard description of public health, but by stressing the opportunities presented just now to think along these health lines in Scotland we will add something to the reform programme. Examples were provided by the group including the creation of the new public health body, the City and Regional Deals, the publication of the local outcome improvement plans and locality plans, the pupil equity fund and related investments in accessible early learning and childcare, the commitments in the Child Poverty Act and the Programme for Government's health focus. Our mission is to ensure that these major investments and developments are mobilised to have the maximum positive impact on the country's health.

This document should be framed as **the first step in reform**. The priorities should be framed in a way that provides a clear focus for further substantive engagement with stakeholders and communities. Specifically, we should deliver the priorities as part of an on-going deliberative process, delivered through the public health reform team, on how national and local assets and resources will be deployed to support their implementation and local flexibility.

The priorities should be described as being able to **mobilise and align the whole system.** Where possible, this should include as much information as is possible at the time on how the system may look different in the future to better support this work, including statutory responsibilities and accountability, alignment to wider policy context, use of data and intelligence, empowerment and accountability.

This document will **not set out a defined measurement of these priorities**. They are aligned to the key outcomes of the 2015 Review of Public Health, i.e. to increase healthy life expectancy and reduce health inequalities. Additional indicators discussed included measures related to productivity, such as days lost to ill health and preventable hospital admissions.

The **call to action** will not feature specific actions. Instead it will be for a renewed discussion and engagement of all interested parties in public health reform. Many decisions and changes are yet to come, how will these shape our future health in Scotland? And, how can we best change how we work to deliver the greatest improvements possible in healthy life expectancy and the current inequities in health?

Public Health Reform Team
23 March 2018