

PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 4.1)

IMPLEMENTING THE PUBLIC HEALTH PRIORITIES FOR SCOTLAND

Purpose

1. To provide an outline of the next key steps to be undertaken to implement the public health priorities for Scotland; and to invite your views, advice and guidance to ensure successful delivery of the priorities across the whole system.

Background

2. At the last meeting of the Oversight Board held on 19 April 2018, the Public Health Reform Programme Team presented an overview of the process that was put in place last summer to develop and agree Scotland's public health priorities. The outcome of the process resulted in a set of six key high level priorities for the whole system.
3. The priorities document was launched on 14 June. The launch event was attended by both the Minister for Public Health and the COSLA Spokesperson for H&SC. Online/social media activity generated 12,500 impressions (views) on launch day and over 16,000 impressions between the 14 and 18 June. The strategy of co-ordinating social media with Scottish Government and endorsing partners extended reach beyond traditional public health audiences to public and third sector partners across all the priority areas.
4. In addition to a successful launch, a number of key stakeholders from the NHS, and the wider public and third sectors, including NDPBs, have endorsed the public health priorities. To date, over 80 organisations have given their endorsement and we expect this number to increase in the coming weeks and months. Endorsement reflects an agreement that the priorities are the things that we should focus on, but endorsing organisations may need assistance to articulate and enact their own roles in supporting the priorities.
5. Following the successful launch, the focus now is on building and maintaining momentum over the coming weeks and months by working with partners who have endorsed the priorities and by supporting the wider system. The Oversight Board has helped inform our thinking on this, including through discussion at the meeting on 19 April.

Supporting the Implementation of the Priorities

6. We recognise that the wider system – the public and third sector – needs to make progress against the priorities. We recognise that it may take up to ten years for us to see a meaningful impact in the health of the nation, but we can hope to see some change in indicators before this, and we should certainly see developments in relation to process outputs, or through the strategies and annual reports of organisations with a role to play.
7. The Programme Team has been considering how best to support the implementation of the priorities in the coming months, and how this relates to the work of the programme in relation to the new Public Health body. There are three specific developments that we would wish to make the Oversight Board aware of:
 - a. The establishment of a new Public Health Priorities Policy Unit within Scottish Government;
 - b. The establishment of a new Whole System Reference Group, to be led by Eibhlin McHugh; and

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- c. The development of a set of Key Principles to inform our work across the wider system to implement the priorities.
8. These developments amount to a re-shaping of how we are using our resources across the Public Health Reform team, and reflects a need now to focus on the wider system. The following sections discusses each of these developments in turn.

Public Health Priorities Policy Unit

9. A new policy team is being established within Scottish Government with the purpose of providing focussed policy capacity to support the wider system, within Government and beyond, to adopt and implement the priorities.
10. Whilst from a Public Health Reform Programme perspective the task – in terms of the production of a set of priorities – is now complete, the key job of encouraging, challenging and supporting the wider system will extend well beyond the lifespan of the Reform Programme. In time, Public Health Scotland (PHS) will have an important role to play in providing this connectedness, but there is more than a year until PHS is established, and we need to make early progress.
11. With this in mind the new policy team will focus on the core purpose and ambition of improving healthy life expectancy and reducing inequalities across Scotland. The policy team will work in parallel with the programme, and activities which will lead to the establishment of PHS and the strengthening of local partnerships. The policy team will be accountable to senior Public Health officials within Scottish Government, and, ultimately, to the Scottish Government SRO for the Reform Programme, Dr Andrew Scott.

Whole System Reference Group

12. To support the wider policy efforts, and in parallel with the new policy unit, we have established a Whole System Reference Group (WSRG) to support thinking and action at national and local level and to help build the collaborative approach we aspire to.
13. The intention is that the WSRG will have a tactical role in supporting and providing advice to the work of improving public health in Scotland. Specifically, it will: identify ways in which to encourage collaboration and build momentum; identify areas for innovation within the whole system; provide advice and challenge to shape/influence policy development; and offer insights and identify issues from a whole system perspective to support the commissioning activity that will shape the new public health body. Terms of reference outlining the purpose, role/remit and membership of the WSRG are attached at **Annex A** for information. These will be kept under review by the WSRG.
14. In terms of Governance, the WSRG is intended to operate as a standalone group supporting joint policy development in relation to the priorities across the Scottish Government and COSLA. The work on the wider system will now be distinct from the programmatic work to establish the new body (the Programme Board), and that it will likely continue to exist once the programme to establish the new body comes to an end. This reflects previous discussions with the Oversight Board about the need to think about the wider system change in the longer term, and beyond the horizon of the current programme. Formally, the WSRG will report to the SROs for the Reform programme to ensure the work is complementary to the programme, and

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to maintain the Scottish Government and COSLA partnership approach. In practical terms, it will be supported by the new SG public health policy team.

15. The WSRG will support key activity by advising and supporting an approach which helps mobilise the whole system at national and local levels to work collaboratively to improve Scotland's health. The Public Health Reform Programme Office will support administration and work of the WSRG to ensure there is alignment between the Programme and the wider policy function. The PHOB, through its relationship with the SROs, will continue to be a source of advice and expertise for the WSRG.
16. As set out above, much of the work of the WSRG is activity that the new public health body might pick up, in part or in whole, once it is established. The role and need for the WSRG will therefore be evaluated once Public Health Scotland is established, and the Scottish Government, COSLA and Public Health Scotland, in discussion with other partners, will take a view on what is needed at the point to continue the work across the wider system.

Key Principles

17. We are mindful of the inter-related and cross-cutting nature of the public health priorities and how they impact on the lived experience of individuals, families and communities. In view of this, we have identified a set of key guiding principles (which are in line with the Reform principles) as part of our intended approach to implementation. These principles will inform the work of both the policy team, and the WSRG:

- We should build on the approach to date – strong engagement and co-production across the sectors and across the system – supported by the best available evidence.
- We must strive to do things with our communities – not to them.
- We should recognise that something different will need to happen if we are going to make a change (the PHOB has previously referred to this as 'disruption').
- We will encourage local ownership of the priorities and associated solutions/approaches.
- We will seek to achieve and demonstrate short, medium and longer term success.
- There should be a focus on monitoring and performance to ensure the priorities are firmly embedded.
- Stakeholders including citizens should be prepared to work together differently and focus on innovative approaches.
- We will use the priorities to tie the whole system together.

Milestones

18. We have given active consideration to key milestone activities that will need to be completed as part of the implementation of the priorities. These are outlined as follows:

By July 2018

- Gain agreement on approach and outline plan (as outlined in this paper)

By October 2018

- Undertake an analysis of the potential contribution of stakeholders and the emerging legislative opportunities to support implementation of the priorities.

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- Carry out a gap analysis to understand the areas of activity/governance that need to be strengthened across the whole system and bring forward proposals to address identified gaps.
- Begin work with other reform Programmes to identify ‘trailblazers’ within areas for innovation and research to support delivery of the priorities.

By January 2019

- Deliver several multi-sector ‘workshop style’ engagement events bringing together key stakeholders and focused on what needs to be done, and by whom.
- Identify ‘demonstrator and learning projects’ and early adopters – building on what is already going on, and use these to develop the thinking further.
- Identify outcomes and analyse existing national and local measurement tools, including Local and National Frameworks and local monitoring arrangements.
- Identify any learning from other countries, including visiting Public Health England and Public Health Wales, to help inform Scotland’s approach.

By April 2019

- Review and analysis of activity and engagement outputs.
- Prepare the evidence base for interventions for each priority.
- Consider and develop measurement approaches (measurement framework) to track progress, and how to link/align with existing systems.

Conclusion

19. The Scottish Government and COSLA have taken the first steps towards implementation by establishing a policy team to coordinate, facilitate and mainstream the priorities across Government, and a Whole System Reference Group to support joint policy development nationally and locally across Scotland. The PHOB is invited to offer views or comment on the approach outlined in this paper, and in particular we would welcome views on the following specific questions:-

Questions:

- *What are different parts of the whole system already doing to respond to the priorities, and what support might be needed to ensure progress?*
- *How do we maintain and build momentum with those organisations that endorsed the priorities, and what other endorsements should we seek?*
- *How can the different parts of the whole system work collaboratively to help implement the priorities, and build collective ownership?*
- *Are the milestones proposed in this paper appropriate?*
- *What more do the Scottish Government and COSLA need to do to engage the whole system to ensure we maintain momentum and progress?*

PUBLIC HEALTH POLICY: WHOLE SYSTEM REFERENCE GROUP – DRAFT TERMS OF REFERENCE

1. Title of the Group

Public Health Policy - Whole System Reference Group

2. Background

The Scottish Government, the NHS, the Convention of Scottish Local Authorities (COSLA) and the Society of Local Authority Chief Executives (SOLACE) have committed to work together to reform and strengthen public health in Scotland.

The Scottish Government's Public Health Review, which was published in February 2016, set out the broad context for this work. The Health and Social Care Delivery Plan, published in December 2016, articulates three specific commitments around:

- The development of a concise set of overarching public health priorities;
- The establishment of a new single national body to provide leadership and support on public health; and
- The development of stronger local partnerships to support a focus on public health.

The Reform programme responsible for enabling the above three commitments has now delivered the first of these – public health priorities for Scotland.

The priorities are of fundamental importance for the wellbeing of Scottish citizens, the sustainability of our public services and our commitment to inclusive economic growth. They form a substantial component of the public service reform agenda and especially how partnerships between national and local government, NHS Scotland and others might work better together across the whole system in the future.

With this in mind, we have established a new Whole System Reference Group (WSRG) with responsibility for supporting thinking and action towards driving the priorities forward at national and local level and mainstreaming them through a joined-up approach to the public's health. The intention is that the Group will have a tactical role in supporting and providing advice to the work to improve public health in Scotland.

3. Purpose of Board

The purpose of the WSRG is to:

- support delivery of the Public Health Priorities, by identifying ways in which to encourage collaboration, build momentum, enable ownership and demonstrate leadership across all current partnerships and networks.
- identify areas for innovation within the whole system in delivering the Public Health Priorities and set out details by which such opportunities could be supported.
- provide advice, intelligence and challenge from a whole system perspective to shape related policy development.

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- support the commissioning activity shaping the new public health body, by offering insights and identifying issues from a whole system perspective.
- lay foundations for Public Health Scotland in terms of its future role in supporting and enabling the wider system to create the conditions for wellbeing across Scotland

4. Governance

The WSRG will operate as a standalone group supporting joint policy development across the Scottish Government and COSLA in respect of the Public Health Priorities. It will report to the Senior Responsible Owners for the Public Health Reform programme, as needed. It will be supported, and will work with, the newly formed SG Public Health Priorities Policy Team (led by Asif Ishaq). The policy team will be responsible for ensuring the work of the group aligns with wider activity across Scottish Government.

The WSRG will support the Scottish Government and COSLA as they implement Scotland's Public Health Priorities, by advising and supporting an approach which helps mobilise the whole system at national and local levels to work collaboratively to improve Scotland's health.

The administration and work of the WSRG will be supported by the Public Health Reform Programme Office, to ensure alignment between the Public Health Reform Programme and the wider policy development endeavour to deliver the Public Health Priorities.

5. Role and Remit of the Group

The WSRG will:

- In conjunction with the Public Health Policy Team, lead the development of and support the delivery of an implementation plan for the Public Health Priorities.
- Undertake an analysis of the potential contribution of stakeholders and the emerging legislative opportunities to support implementation of the priorities.
- Carry out a gap analysis to understand the areas of activity/governance that need to be strengthened across the whole system and bring forward proposals to address identified gaps.
- Work with other reform Programmes to Identify key areas for research and innovation to support delivery of the priorities.
- Actively build momentum and collective leadership to support delivery of the priorities.
- Support the development of existing national and local measurement tools based on Local and National Framework and local monitoring arrangements to enable local partnerships to monitor progress, identify areas of challenge and opportunities.
- Offer advice on how best to align the whole system, the priorities and the emerging public health body.
- Provide strategic whole system intelligence and subject matter expertise to those who are actively involved in delivering the PHR programme commissions.
- Promote the public health reform agenda within organisations/sectors/professions and provide a mechanism for communicating and engaging with stakeholder groups.

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6. Membership and attendees

Core Membership:

Name	Role	Responsibilities
Eibhlin McHugh	Chair	<ul style="list-style-type: none"> • Guide the discussion towards agreed actions. • Lead thinking around the resourcing and architecture needed to support the implementation of the Public Health Priorities across the whole system. • Engage with key stakeholders around the implementation of the Public Health Priorities. • Escalate issues as appropriate.
Paul Dowie, Director, Improvement Service Gerard McCormack, Programme Manager, Change Management, Improvement Service	Improvement Service Representatives	<ul style="list-style-type: none"> • Promote the Public Health priorities within organisations / sectors / professional groups. • Provide collaborative leadership for the WSRG objectives. • Ensure relevant sectoral and professional perspectives are reflected in decision-making. • Provide advice and guidance to the WSRG on their whole system area of expertise. • Understand the impact of change from a whole system perspective. • Identifies policy risks, issues and dependencies relevant to their area of expertise. • Identify local strategy as expressed in, for example, medium-term plans and operational blueprints. • Makes resources available for planning and delivery purposes
Beth Hall, Policy Manager, Health and Social Care Team, COSLA	COSLA Representative	
TBC	Directors of Public Health Representative	
Liz Manson, Chair of CPP Network	CPP Representative	
TBC	Third / Voluntary Sector	
Asif Ishaq, Scottish Government	Policy Lead	

In Attendance:

Name	Role	Responsibilities
Robert Skey, Scottish Government	Programme Director	<ul style="list-style-type: none"> • Assist the WSRG with aligning their work with the PHR programme. • Support dialogue between the PHR programme and WSRG to promote problem solving, team working and risk sharing from a whole system perspective.
Kim Gardiner, National Services Scotland	Project Manager	<ul style="list-style-type: none"> • Provide project management expertise including day to day management • Support the planning, design and delivery of related products. • Manage and resolve risks and issues. • Highlight resource requirements. • Provide forward planning support. • Support the management of communications with stakeholders • Prepares baseline project management documentation.

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Catherine Flanigan	Public Health Speciality Registrar	<ul style="list-style-type: none"> Gap analysis of Community Planning Partnerships' activity in relation to the public health priorities for Scotland
Mark McAllister, Health Scotland	Communications and Engagement Lead	<ul style="list-style-type: none"> Provides communications and engagement subject matter expertise, support and guidance Highlights any communications and engagement related risks and issues
Caitlin Williamson, National Services Scotland	Project Support Officer	<ul style="list-style-type: none"> Provides secretariat support to the WSRG Arrange meeting including VC access as required Update documentation such as plans, risk and Issue registers Issue all meeting documentation

Subject Matter Experts (in attendance whenever needed) – TO BE COMPLETED

		<ul style="list-style-type: none"> Provides advice and guidance on their subject matter expert area Provides presentations on requested topics
	Social Work Scotland	
	SLAED	
	HoPS	
	ALCHO	
	REHIS Community Planning Network Early Years/ Education Voluntary sector CIH (Chartered Institute of Housing) Data and Innovation Specialist (NHS)	

Additional subject matter experts will be invited to join the WSRG as and when required to provide updates or advice and guidance.

A quorum will consist of the Chair and a minimum of three individuals from the membership listed above. Deputies can be provided to represent any of the members and it will be the responsibility of the member to ensure that the deputy is appropriately briefed and provided with relevant papers.

7. Decision Making

All decisions made by the WSRG will be recorded in the minutes. In circumstances where the group are unable to come to a consensus, the Chair has the authority as the accountable person for the delivery of the programme to make the final decision.

8. Meetings

WSRG meetings shall take place on a monthly basis. Should the need arise; the Whole System Reference Group will meet on a more frequent basis. The location of the meetings will be COSLA or SAH. Teleconferencing and video conferencing facilities will be made available.

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9. Minutes / Action Notes, Agendas and Papers

Agenda, papers and minutes will be distributed at least five days prior to each meeting. Minutes will be drafted by the Programme Support Officer and agreed by the Chair. All minutes and action notes will be circulated no later than ten working days after each meeting.

10. Confidentiality

Papers, unless otherwise stated, from these meetings are available for review upon request. Please contact the Project Manager / Programme Support Officer if access is required.

11. Lifespan

The lifespan of the WSRG is expected to be two years from June 2018. The role and need for the group will be reviewed by Scottish Government, COSLA and Public Health Scotland following the establishment of Public Health Scotland in late 2019.

12. Review

The WSRG will review its Terms of Reference 12 months from approval.

13. Behaviours and values

Members of the group agree to lead this work by setting a good example of working together. This includes understanding that some compromise may be necessary in order to reach agreement about implementation. Once agreement is reached the group will fully support it and act accordingly. Specifically, this should include:

- We will always seek to understand the service impact of this work when considering any change
- We should not assume that we understand each other's set up e.g. posts may have a generic name but may be entirely different
- We will share information freely across the workstreams
- We should challenge positively
- We should always try attend these meetings and only nominate a deputy who has the authority to act on behalf of the core member
- Decisions will be made whether everyone is there or not and we have to support the decision providing a quorum is reached
- We should be respectful toward each other as this work brings tensions and recognise that challenge can be positive
- We should all have the will to resolve issues even if it is against our own wishes
- We should speak with one voice outside of meetings