

PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 3.1)

PUBLIC HEALTH REFORM PROGRAMME – EXECUTIVE DELIVERY GROUP CO-DIRECTORS' SUMMARY REPORT

Summary

The public health reform programme has gathered significant pace over the last quarter. The public health priorities have been launched; detailed planning is now underway for Public Health Scotland (PHS) and work has started on supporting the whole system, in particular working together on the priorities.

There continues to be very positive support and engagement from partners across the public sector and the third sector. As well as ongoing engagement across the sectors, there has been a particular focus on working with local government colleagues over the last quarter.

There have been some concerns from the professional public health community and working through those has helped to ensure the messages being given accurately reflect the public health reform programme's intent.

1. Engagement

The Co-Directors of the Executive Delivery Group (EDG) continue to engage widely. There has been a particular emphasis on strengthening local government involvement across Scotland with a workshop focused on local government involving over 80 people from 45 different organisation, a development session for elected members and tailored visits to Local Authority Chief Executives (5 completed over the last quarter). In addition, meetings have taken place with a number of specialist public health groups, the Faculty of Public Health, the British Medical Association, the Royal College of Nursing, alongside ongoing engagement with Health Scotland and National Services Scotland and various local government professional leadership forums.

2. Publication of the Public Health Priorities for Scotland

The public health priorities were jointly published by Scottish Government and COSLA on 14 June 2018. The success of the approach to agreeing these, and the broad support for them, has been evidenced by endorsements by over 80 organisations to date, and this provides an excellent foundation for the next stages.

There were some concerns from the Faculty of Public Health, specialist public health constituencies and the medical royal colleges about the impact of the set of priorities for health protection and 'healthcare' public health, both in terms of the messages about the importance of these aspects on people's health, and the implications on future decision making. The EDG worked with these groups to address these concerns. Work was undertaken to ensure the publication reflected the ongoing importance of good quality and equitable healthcare and health protection services. Assurances were also given that the public health reform work fully recognises the value of the full spectrum of public health practice, and appreciates the importance of maintaining a robust specialist and practitioner based public health function, across all the domains of public health.

PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 3.1)

Work is now underway by the EDG Co-Directors to support the delivery of the priorities (agenda item 4), aligning this with whole system thinking, working effectively together, empowering communities, and adopting innovative approaches.

3. Establishment of Public Health Scotland

Work is now well underway, with commissions being taken forward covering improving health, protecting health, improving services, underpinning data and intelligence, leadership for the public health workforce and leadership for public health research, innovation and applied evidence. These are generally progressing well. Clarity has been sought from those leading them about the extent to which they are required to focus on the whole system. The focus of the commissions as being on the delivery of PHS has been clarified, but explicitly within the context of PHS being a key enabler for delivery across the whole system.

As stakeholder engagement is a key aspect of all the commissions the implications and challenges of overlapping stakeholders has been highlighted, and the need for mechanisms to co-ordinate between the commissions effectively (with support from the PHR Team) has been agreed. The EDG are proactively supporting commission leads through a monthly dialogue which they have established. This will allow for more concrete support needs to be identified, including in relation to stakeholder engagement.

Work around supporting arrangements (IT, finance and HR) has also started within the programme.

The potential tensions and balance of recognising the strengths we already have, alongside providing sufficient challenge to deliver what is required to meet the vision for public health reform has been evident.

4. Specialist public health workforce

In addition to the commissions to design PHS, there is a commission focused on considering how our specialist public health workforce – public health doctors, dentists and specialists including environmental health officers - should be best organised in Scotland to most effectively meet the needs of national, regional and local partners and customers, and to deliver the most effective and efficient public health function for Scotland going forward. This has generated widespread questions and views to date, which is not unexpected given it's potentially impact on the specialist workforce. This work is due to start in August, involving a short-life working group which will identify options, alongside their opportunities and risks.

5. Supporting whole system delivery

The work to date to identify the public health priorities and to design the establishment of Public Health Scotland has involved extensive engagement with a range of stakeholders across the whole system and raised awareness of the ambitions of the public health reform programme.

PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 3.1)

Following the launch of the priorities, the programme is entering a new stage as we work to establish leadership and momentum across the whole system to support the delivery of the priorities. Using the priorities as our primary focus, we now need to challenge the whole system to develop new ways of working. This work will seek to exploit recent and planned changes in the legislative landscape and policy developments to create the circumstances at a national level that will align national and local activities to drive implementation of the priorities. We will work with local partnerships to create the critical collective leadership to strengthen collaborative working and support the development of new innovative approaches that make best use of the assets that stakeholders bring to the challenge with a strong focus on developing local solutions with communities.

Details of the establishment of a new policy unit, the whole system reference group and the governance arrangements that will support this work pending the establishment of the new public health body are outlined in Paper 4.1

*Professor Marion Bain
Eibhlin McHugh*

*Co-Directors
Executive Delivery Group for Public Health Reform*