Executive Summary

This report summarises 4 workshops which took place in Autumn 2018 in Glasgow, Edinburgh, Perth and a virtual remote access workshop.

These events brought together people working in different sectors to think about the public health priorities, the work underway currently on these priority areas and how we could work differently in the future.

What is whole system working?

Whole system working means different things to different people. The public health reform working definition is:

“An ongoing, dynamic and flexible approach that enables stakeholders to come together, share an understanding of the reality of the challenge, consider how the system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable change.”

As well as thinking about public health as being a whole system we also think of it as a complex system. This means that there are lots of different parts to it which are connected in different ways and which are always moving.

Making a change in one part of the system has a knock on effect in other areas of making it hard to predict the effect because of all the different connections and paths that make up the system.

How did people describe an ideal system for public health?

People described an ideal system as one where communities and organisations worked better together through sharing power and working toward outcomes that have been agreed on together.

An ideal system was described as easy to understand, well connected, sensitive to small local areas and supported by using data and technology better.
An ideal system would support staff to develop skills and awareness about public health and then apply these skills to their work.

**What could we do differently?**

People identified opportunities across six core themes which could help us shape the ideal system; these are:

- relationships
- local leadership
- workforce
- data and evidence
- technology and innovation; and
- national leadership.

For each of these core themes it was felt public health in Scotland had strengths and weaknesses but that there were opportunities for positive change. This section thinks about each theme, potential opportunities and what that means for public health reform.

Some barriers were getting in the way of improving how we work together better. These included:

- limited time
- money and people resource
- a focus on more urgent services that people need day to day
- different organisations being responsible for and reporting on many different topics
- paying more attention to the short term; and
- everyone in the system not having a shared language and understanding.
Theme 1: Relationships

Relationships were described as key to being able to make people’s health better and this includes both relationships between communities and organisations and between partner organisations.

Generally relationships between communities and organisations were not good where engagement was not good.

Examples of poor engagement could be due to having one off conversations about single topics or because organisations use language that is difficult to understand. Sometimes even when engagement appears to have be good it isn’t clear what happens or doesn’t happen as a result of that engagement and this damages the relationship. Whereas good relationships between organisations were usually prevented by the common barriers listed above.

Organisations want to have better relationships with their communities and with each other. But they have many different responsibilities and recognise they also need to continue to provide necessary services to their citizens.

To have better relationships, good communication and engagement is important. To do this, organisations need more time and commitment to make it happen consistently and well. All public services are having to spend less money and they find it more difficult to choose to spend their resources to prevent a problem rather than in response to a problem that already exists.

Opportunities to improve relationships

- Being more clear about what public health is and people’s roles in public health
- People who work in different sectors having more chances to meet, train together and share their knowledge.
- Organisations making their longer term plans and priorities together
- Sharing information better so people know where to go for what help
- Using clear, simple language.
- Working more closely with the third sector.
- Engaging with people and communities better
- Promoting human rights approaches
- Having better relationships with businesses, the media and elected members.

What does this mean for public health reform?
• We will continue to work with and build relationships with lots of different groups and organisations and people to inform reform and we will provide information in a way that’s easy to understand.

• We want to involve even more people in this conversation and have plans to include the private sector and elected members in future work.

• Over the next year we will support example “early adopter “ projects where people and organisations are working differently together to make the public health priorities happen and overcome some of these barriers.
Theme 2: Local leadership

People talked mainly about leadership in local areas and organisations such as NHS boards, local authorities and Community Planning Partnerships (CPPs).

Developing leaders both now and for the future is important and people thought leadership programmes were good ways to support current and future leaders in a structured way.

Opportunities to improve leadership

- Have more leadership exchange programmes or events which connect leaders from different sectors.
- Use reform as an opportunity for leaders to push for the health effects of all decisions to be considered.
- Support leaders to understanding systems thinking and what it means in practice so we build a shared understanding.

What does this mean for public health reform?

- We recognise how important leadership is and will be working with national leadership organisations to understand what is already there for leaders in the public sector, where there are gaps and how gaps could be addressed.
- We want to support and connect leaders from different backgrounds to share knowledge more and
- we will create opportunities to connect leaders across sectors to explore public health reform and systems thinking further.
Theme 3: Workforce

The current public health workforce was described as “enthusiastic”, “passionate” and “committed”.

Some areas which many of the wider workforce would like to develop more are: leadership and advocacy, understanding data and community development skills.

Opportunities for Change

- Recognising there is a lot of great work already happening in Scotland and promote it more.
- Identify where the specialist public health workforce could add greatest value and what they should focus on more and what they should focus on less.
- Making access to different services simpler through both online and physical “hubs” which bring different services together.
- Support and upskill the wider public health workforce.

The wider public health workforce here means people whose work could have positive effects on people’s wellbeing but who do not work in a public health team or department or consider their main job role as being public health.

What does this mean for public health reform?

- We want to celebrate good practice by sharing more examples of great work across Scotland.
- We want to share these findings across our other stakeholders and the other commissions including the specialist public health workforce commission and the Community Planning Improvement Board.
- Over the next year we will also be working specifically with Third Sector stakeholders to develop a programme of activity which better connect this part of the wider workforce with public health reform.
Theme 4: Data, evidence and intelligence

Scotland collects lots of useful data but there was a feeling that quantitative data (data using numbers and statistics) is more widely used than qualitative data (data which explores how people feel or think about topics).

Using both of these types of data together to make decisions more often was felt to be important. It was also felt that making data easier to access and understand could then use it more to make decisions. Improving access to and understanding of quantitative data was important to both staff and to citizens as well as understanding from local areas what data they would value and use.

There was also the desire to be more creative about how we use and share data and to be more proactive with using data to predict what might likely happen so we can act quicker to stop bad outcomes or reduce their effect.

Opportunities for Change

- Using qualitative data more including community and third sector sources
- Involve communities more in deciding what data to collect as well as to understand and apply data more
- Make data easier to access, understand and more relevant to local areas
- Use technology and social media more to support this
- Use data in different way to include more health economics and to try and predict future outcomes
- Make data sharing between different organisations easier

What does this mean for public health reform?

- We know data and intelligence will be important to support whole system working and that to realise that reform will need to build capacity around the interpretation of data and evidence.
- We also know that organisations being able to share data more and use the same IT systems could make working together easier and have fed back our findings to teams developing the new public health body’s approach to data and intelligence.
- We recognise the importance of evidence and where there are gaps in research around the priorities we will be working with researchers and academics to start to address these gaps.
• We will be connecting partners to provide evaluation and data support to early adopters projects to start to demonstrate this in action.
Theme 5: Technology and Innovation

There was recognition that technology is an important in our lives and that it could be used more in public health interventions to from artificial intelligence to smart technology.

Additional barriers to this across the system included knowledge, confidence and “digital literacy” (having the skills to be able to use new technologies) and a lack of money invested in this area.

Opportunities

- To use technology and social media to support broader engagement
- Use technology in new ways to support public health work and interventions.
- Apply non technological, innovative approaches for example in service provision, behavioural science and improvement science

What does this mean for public health reform?

- We will be interpreting these findings alongside those of the commissions who have been specifically exploring innovation to develop a specific data and innovation plan for Public Health Scotland which supports both national and local innovation.
- We have made connections with innovation partners and will continue to discuss with an work with them in the next year.
- We recognise the role of early adopters in exploring innovative approaches and will share learning across these programme about barriers and benefits to innovation.
Theme 6: National Leadership

There were many areas in which it was felt Scottish Government could lead the way and provide direction and focus.

This includes policy makers across government talking more to each other, aligning measuring performance in Public Health Reform with the National Performance Framework (NPF), being more remote and rural sensitive and being realistic about funding.

Opportunities

- To explore what effect policies and decisions which happen nationally have on people’s health and on inequality (i.e. do policy decision have more negative effects for people who already have less opportunity to be healthier).
- Support a Health in All Policies approach
- To make a plan for how to measure success in public health in a structured way that supports outcomes and makes reporting more simple.
- Consider how to use procurement more creatively to support public health action.
- Explore what we can learn from other countries.

What does this mean for public health reform?

- We agree that the importance of health should be recognised across policy areas and currently have a Public Health Priorities lead in Scottish Government. This team will be expanding in 2019 and they will also be linking core policy leads in systems mapping workshops for each of the public health priorities.
- We are sharing our conversation findings with the Local Governance review and keeping an eye on chances to support each other’s thinking.
- We will be working with the National Performance Framework teams to determine how we will measure success as part of a wider Public Health Priorities Action Plan.
- We know budgeting is challenging and can get in the way of better working, we will be exploring further with partners their ability to redirect resources to support more whole system working.
Exploring Tests of Change

Across these conversations people were keen to “get on and do something”.

While the core focus of all activities were felt to be reducing inequality and improving healthy life expectancy and wellbeing there was also a recognition that action would need to be both sustainable (work in the long term) and cost effective.

There were lots of ideas for changes or interventions for each of the priority areas. Amongst the most popular were:

- community owned green space initiatives
- supporting income maximisation
- extending mental wellbeing training to different groups
- building resilience in school age children
- creating free, engaging and diversionary spaces; and
- activities including free leisure access and providing cooking skills support.

What does this mean for Public Health Reform?

We are excited at the wealth of ideas developed by participants and the enthusiasm for innovation and experimentation.

We will use the these suggestions to work with partners to identify ‘early adopter’ projects and tests of change to start realising practical examples of how the public health priorities could be addressed.
What happens next?

Thanks to everyone who has been involved in these workshops and helping us plan the way forward for the public health priorities and whole system working in 2019.

Our core work streams for this year will be:

- Supporting new ways of working with early adopter projects
- Supporting public health leadership
- Scottish Government alignment and collaboration

We will be sharing this workshop summary and our work plan with our Whole Systems Steering Group and the Public Health Oversight Board to hear their thoughts and advice on what next for public health reform.
For further information:

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