

Public Health Reform (PHR) – Enabling the Whole System to Deliver the Public Health Priorities

Public Health Oversight Board – 24 April 2019

1. Purpose

1.1 The purpose of this paper is to provide the Public Health Oversight Board (PHOB) with an update as to how the Public Health Reform team (PHR) have taken forward the work in developing a whole system approach. The paper will detail the following:-

- Provide an update on where we are in regards to the Public Health Priorities;
- A proposed definition and approach to whole system working within the context of Scotland's public health community and its partners;
- An overview of where we are in terms of building the foundations for collaborative ways of working across the system;
- Define the core characteristics required to embed whole system working, pulling on experiences from local, national and international examples;
- Set out current governance arrangements that supports this work, highlighting the need to revisit governance arrangements as work progresses.

2. Background & Progress to Date

2.1 Since publication in June 2018, the Public Health Priorities have been widely endorsed, and demonstrate a broad consensus across Scotland about the public health challenges we need to address. Addressing these challenges will require a whole system approach to public health which the Public Health Priorities will ultimately underpin.

2.2 The recognition and value of a whole system approach to public health has been growing in the last decade amongst both international and UK wide public health agencies. This approach is characterised as a systems approach to problem solving through cross-disciplinary, multi-agency, multi-level community actions aimed at addressing public health concerns.

2.3 The Community Empowerment Act (Scotland) 2015 emphasised the need for Scottish Government to develop and publish a set of national outcomes. The National Performance Framework sets out a vision for national wellbeing in Scotland and provides a framework within which the whole system is working together to address the eleven outcomes. In addition, the Act reinforces the centrality of community planning and requires how community planning partnership should publish local outcome improvement plans (LOIPS) which set out the local outcomes which the CPP will prioritise for improvement. The participation of local communities is central to this process.

Engaging the wider system

2.4 The National Institute for Health and Care Excellence (NICE)¹ undertook an evidence review to identify the key characteristics of whole system approaches to health, which has informed Public Health England’s working definition of WSA.ⁱ To develop Scotland’s whole system approach (WSA) to Public Health Policy the Public Health Reform Team have undertaken a substantive programme of engagement across the wider system to test out the characteristics of WSA identified by NICE and begin to develop a shared understanding of what a WSA to improve health and wellbeing should look like in Scotland. This has included:

- A programme of engagement with stakeholders to develop and agree public health priorities for Scotland that were consistent with a WSA approach
- [Innovating for Change](#) workshops to develop a shared understanding of a whole system approach on Scotland’s Public Health Priorities and how this could be supported
- An event involving PHOB and stakeholders from across the system to develop our approach and priorities moving forward
A programme of engagement events with Community Planning Partnerships across Scotland to inform how the specialist public health workforce and Public Health Scotland can support whole system working in localities
- Ongoing engagement with national and local government, NHS Boards, Health and Social Care Partnerships, professional groups, third sector organisations and wider stakeholders from across Scotland on what a WSA approach to improve health and wellbeing would look like and how this could best be supported.

2.5 This process has engaged 1000’s of individuals from a range of organisations to inform our understanding of a WSA and what actions we would need to take forward collectively to support and embed a WSA and create the conditions for health and wellbeing in Scotland. The feedback from this engagement has informed our approach and helped to determine:

- a **definition** of a WSA to improve health and wellbeing in Scotland;
- a set of core **characteristics** which will support the delivery of this approach;
- an outline of how a WSA could work in **practice**;
- Commitment to support ‘early adopters’ to apply a WSA approach to public health priorities; and
- Work streams to **deliver** our ambitions for embedding a WSA to improve health and wellbeing across the wider system.

¹ National Institute of Clinical Excellence (NICE) (2010): Identifying the key elements and interactions of a whole system approaches to obesity prevention, available at <https://www.nice.org.uk/guidance/ph42/documents/review-1-identifying-the-key-elements-and-interactions-of-a-whole-system-approach-to-obesity-prevention2>; Bagnall, A.M. et al (2019): Whole system approaches to obesity and other complex public health challenges: a systematic review. BMC Public Health, v19:8. Available at: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-6274-z>

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2.6 In developing our approach, this work builds on recommendations in the Christie Commission, findings from the Local Governance Review, Audit Scotland's and the Ministerial Strategic Group for Health Social and Community Care's reviews of progress with integration of health and social care in Scotland in ensuring alignment with other significant reform programmes².

Building capacity to support a whole system approach

2.7 Recognising the ambition and long term commitment to embedding a WSA approach, this work is led by the Public Health Policy Team in Scottish Government supported by leads from NHS HS Scotland, the Improvement Service and working in partnership with COSLA and stakeholders from across the wider system to ensure an alignment between national and local policy and support for the whole system to improve health and wellbeing.

2.8 As part of its role to connect and join-up activity across the Scottish Government (SG), the Public Health Policy Team has made significant progress in establishing the key relationships, internally and externally, that will be necessary to coalesce our collective efforts around the public health priorities. This includes working closely with those areas of government not normally associated with the public health endeavour. In addition, existing links across the health and social care family are being strengthened. Our internal engagement has been highly positive and there is a real commitment to maintain involvement and create the conditions nationally to support a whole system approach to public health.

2.9 A policy-mapping exercise was undertaken early this year (February) which requested information from SG policy areas about key activities, strategies, delivery or action plans, etc. that relate – either directly or indirectly – to the public health priorities. The purpose was to help the Public Health Policy and Reform Teams better understand the landscape and provide a solid foundation upon which future relationships could be built and developed. Through this exercise we determined that there is substantial activity taking place already that is highly relevant to the priorities. The SG Directorates consulted as part of this work have clearly demonstrated the cross-cutting aspects and links between their work and ours. This paves the way for further collaboration as part of the WSA.

Public Health Scotland and WSA

2.10 A key focus of engagement has been the future role and contribution of Public Health Scotland to supporting and enabling the whole system, including on Scotland's public health priorities; key themes included:

²(2011) Commission on the Future Delivery of Public Services (APS Group Scotland). Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/publication/2011/06/commission-future-delivery-public-services/documents/0118638-pdf/0118638-pdf/govscot%3Adocument> Audit Scotland (2018) Health and Social Care Integration. Update on Progress. Available at: http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf Ministerial Strategic Group for Health and Community Care (2019) Review of Progress with Integration of Health and Social Care. Available at: <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>

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- Leadership - Provide leadership spanning the national and local system to improve health and wellbeing
- Accountability and Governance – be accountable to national and local government and hold the system to account for action on Scotland’s public health priorities and delivering improvements in health and wellbeing
- Engagement – Public Health Scotland needs to be visibly engaged and involved across the system – nationally and locally - to build credibility, leadership and be responsive to the needs of the wider system
- Once for Scotland – Recognising the variation across the system, provide services on a Once for Scotland basis to ensure consistency and resilience to enable the public health system to effectively support local partnerships
- Workforce Development – developing the skills and capacity within Public Health Scotland to engage effectively with the wider system and support the Specialist Workforce maximise their impact in local partnerships
- Data and Intelligence – supporting better access to data and intelligence to develop insights and innovative solutions

Specialist Public Health Workforce and WSA

2.11 Engagement also focussed on the role and contribution of the specialist public health workforce - supported by Public Health Scotland – as enablers of a WSA approach to improve health and wellbeing. There was a significant appetite for change from across the system with a number of consistent themes identified; these include:

- Knowledge and Skills – The value of the Public Health Workforce in local partnerships isn’t always being realised and there is a need for a more consistent ‘offer’ to local partnerships that utilises the expertise available.
- Relationships–The importance of local knowledge and connections are vitally important to supporting a WSA, Currently, the workforce isn’t always visible or seen as adding value to collaboration.
- Engagement –Linked to knowledge and skills, the workforce needs to be more effective at collaboration and engaging in local partnerships to maximise influence.
- Wider workforce – A WSA approach need to utilise not only specialist skills but also those within the wider workforce, innovative approaches to co-location and collaboration that strengthen partnership and relationships are critically important. This needs to be supported by Public Health Scotland.
- Leadership – The specialist public health workforce needs to be visible and provide local leadership. This needs to be adaptive and flexible to local needs.

2.12 The contribution of Public Health Scotland and the Specialist Public Health Workforce to driving and enabling a WSA will be critically important. A summary of the feedback from engagement is attached as (Appendix 1) and has informed our approach to embedding a WSA to improve health and wellbeing.

3. Whole System Approach for the Public Health Priorities

3.1 Whole system working can be defined as applying systems thinking and processes that enables;

“An ongoing, flexible approach by a broad-range of stakeholders to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for the people of Scotland.”

3.2 Characteristics

To build on the definition above we have identified a set of core characteristics which a truly whole system approach should demonstrate. These have been drawn from the literature and refined through our extensive engagement activities over the last six months.

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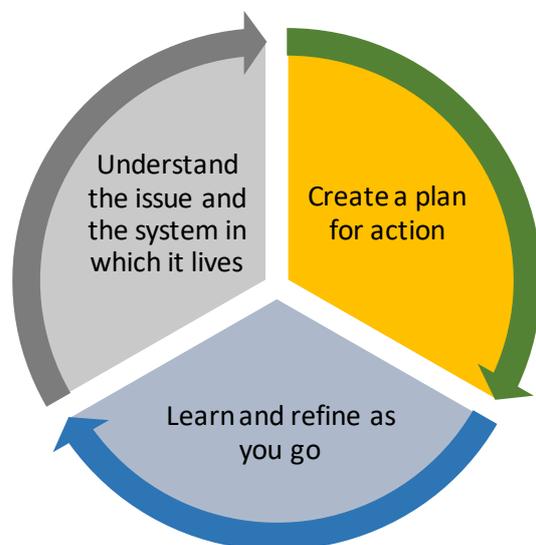
<p>System thinking</p>	<ul style="list-style-type: none"> • Recognition that public health outcomes are influenced by a complex and adaptive system of interacting components, which will require the action of many organisations across sectors to change. • This will require exploration of changing local context; connections between system components; patterns across the system such as feedback loops and cause and effect. The bringing together of many different, and sometimes conflicting, perspectives with data and intelligence will be needed. System mapping tools may be helpful. • Actions are drawn from the identification of points of leverage in the system and are tested by evaluating their impact on the system, being mindful of unintended consequences. • The system is monitored to understand change overtime.
<p>Learning culture</p>	<ul style="list-style-type: none"> • An ongoing process of reflecting, learning and adapting is adopted. • Robust monitoring and evaluation is embedded and provides the foundation for ongoing improvement. • This supports the identification, testing and refinement of actions to change the system. • It will help to identify and share learning on what is and importantly what is not working. • Senior leadership will have an important role in creating this culture.
<p>Facilitative and Adaptive Leadership</p>	<ul style="list-style-type: none"> • A different type of leadership is required which is facilitative and adaptive. • Leaders must build and sustain collaborative relationships across the system; be committed to drive change over a longer period; empower leadership at all levels; be flexible; champion, test and learn from new ways of working across organisational and professional boundaries.
<p>Purposeful engagement</p>	<ul style="list-style-type: none"> • Clear methods to enhance the ability of organisations and sectors to engage meaningfully with the communities who experience the system are needed. • Communities can provide insights on how the system behaves and is experienced and help identify and prioritise opportunities for intervention or different ways of working.
<p>Governance and resourcing</p>	<ul style="list-style-type: none"> • To drive and sustain WSA clear and robust governance structures are required which enables shared accountability and aligns outcomes across organisations. • Commitment to sustainably resourcing this way of working is also needed.

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Sustainable collaborative working	<ul style="list-style-type: none"> • Includes flexibility and co-ordinated action which requires strong relationships • WSA is a social and collective approach and is intended reach beyond the partners we usually and comfortably work with.
Shared commitment and outcomes	<ul style="list-style-type: none"> • Identify, connect and align shared longer-term outcomes to engage partners beyond health. • This develops a shared vision and purpose which will help sustain collaborative relationships. • It also provides the foundation for better connection and alignment of actions.
Place is important	<ul style="list-style-type: none"> • All those responsible for providing services and looking after assets in a place need to work and plan together and with local communities to improve the lives of people, support inclusive growth and create more successful communities. • Local context is important and will shape systems at a local level. This means that the components and behaviours of public health systems will vary across Scotland. • WSA will take account of this and adapt to meet the differing needs of different places
Creativity and innovation	<ul style="list-style-type: none"> • Mechanisms which support the translation of evidence in a flexible way to best fit local needs and to support creative and innovative actions and ways of working should be in place.

Practice

3.3 There are many tools and methods that have been developed to support whole systems approaches. Each focuses on an ongoing process of enquiry which simply presented involves 3 phases³:



Understand the issue and the system in which it lives which requires exploring how different stakeholders and beneficiaries understand and experience the systems

Create a plan for action collaboratively with a wide set of system players. Actions should be aligned and jointly prioritised.

Learn and refine as you go by involving stakeholders and embedding robust monitoring and evaluation. Considering the ‘so what?’ and ‘now what?’

3.4 The WSA that we are advocating has many similarities with effective partnership working. However what sets it apart and adds value is the adoption and application of complex systems thinking, methods and practice to both understanding the problem and to support identification and testing of actions to address the problem. It also embeds an ongoing and reflective cycle of learning. It recognises that system change is a long-term endeavour, often delivered through incremental steps and collaboratively with many partners.

4. Enabling adoption of a WSA to the public health priorities

Overview

4.1 This new way of working marks a fundamental shift away from the status quo. Our long-term ambition is to see wide adoption of a WSA to the public health priorities in Scotland. This will require new partnerships between a broad-range of stakeholders, with the ultimate aim of delivering better lives for the people of Scotland. To inform our work going forward, we have used our engagement to date to build a picture of where we are now in terms of realising the characteristics of a WSA. This has helped to set a direction and identify proposed key areas of action for the next two years, which we have set out below.

³ Adapted from FSG [Systems Thinking Toolkit. Putting systems thinking into practice in your organization](#) and Australian Prevention Partnership Centre (2018) [Systems Change Framework](#).

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WSA Characteristic	Current position	What we propose to do
System thinking	<ul style="list-style-type: none"> • There is limited skills and experience of applying complex systems/adaptive systems approaches in Scotland. We have identified some expertise which we intend to harness to support the early adopters. • We feel that there is further capacity building required to support wider adoption of these approaches for public health. 	<ul style="list-style-type: none"> • Define an approach and definition of whole system working, that is endorsed and implemented by partners across the system through an early adopter initiative model (test of change methodology) • Engage with stakeholders to co-produce an approach on building capacity within the current system to support whole system working • Partner with academia and other bodies to consider how best to build capacity across the system in applying a WSA approach to Scotland’s public Health priorities • Ensure early adopters are empowered and enabled to apply a WSA in their test of change
Learning culture	<ul style="list-style-type: none"> • There has been substantial investment in rolling our quality improvement approaches across the public sector in Scotland. This has clear parallels with the learning culture required for WSA and there is a good foundation to build on. • However new, more flexible and nimble ways of evaluating and assessing change and improvement will need to be developed which best support WSA. • Significant work has been done to date on increasing awareness around the role of the wider public health workforce and the need for connectivity with and support from the specialist public health workforce across CPPs 	<ul style="list-style-type: none"> • Building on the Leadership for the Wider Public Health Workforce commission explore the skills and attributes required across the wider public health workforce to support the shift to whole systems working. • Support the implementation of the outcomes of the specialist public health workforce commission across community planning partnerships.
Facilitative and Adaptive Leadership	<ul style="list-style-type: none"> • There has been investment in this style of leadership across public sector for at least a decade. There may be a need to consider if there are additional skills/approaches that WSA may need which would add to these capacity building courses. 	<ul style="list-style-type: none"> • Embed a strong focus on developing leadership capacity in the early adopters’ activity. • Work with partners including Project LIFT, the Ingage Team and others to support the alignment of leadership development activities.

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WSA Characteristic	Current position	What we propose to do
		<ul style="list-style-type: none"> • Consider the development of tailored leadership development offer that could be made available to community planning partnerships to explore both the leadership and collaboration challenge that needs to be addressed to enable delivery of the public health priorities. • Support implementation of the recommendations from the Specialist Public Health Workforce commission, in terms of developing the roles of this workforce across community planning.
Purposeful engagement	<ul style="list-style-type: none"> • We have a strong foundation in community engagement across both the public sector and third sector, many of whom already work across the PHPs. • More recent policy developments such as the Community Empowerment Act have further grown our experience of participatory decision making. • A WSA can build on this expertise. 	<ul style="list-style-type: none"> • Support the early adopters to identify or develop and test new ways of meaningful engaging communities around the Public Health Priorities. • Agree a Communication and Engagement strategy to support WSA.
Governance and resourcing	<ul style="list-style-type: none"> • Strengthening local accountability amongst partners for delivery of the public health priorities has been a recurring theme in our engagement activities with local partnerships. • Reducing resources and difficulties in investing in preventative activities remains a challenge across local partnerships. 	<ul style="list-style-type: none"> • Support implementation of the recommendations from the Specialist Public Health Workforce Commission across local partnerships, including strengthening local accountability for the delivery of the Public Health Priorities. • Engage with third sector to set out contribution to WSA and development programme to ensure the contribution of the sector is recognised and given equal weighting as part of a WSA. • Carry out a mapping exercise across central Government to provide a stock take of current activity against all six priorities. • Support the co-ordination of relevant groups and networks to support each of the public health priorities

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WSA Characteristic	Current position	What we propose to do
Sustainable collaborative working	<ul style="list-style-type: none"> • There are many good examples of genuine partnership working across Scotland and through the partnership structures of Community Planning and Health and Social Partnerships locally. These will provide strong foundations for a WSA. • There has been important learning from the challenges experienced in some local partnerships described as part of our engagement with a strong focus on behaviours and culture. 	<ul style="list-style-type: none"> • Develop a strategic narrative around how different stakeholders can contribute to Public Health. • Develop a measurement framework to help measure progress against the Public Health Priorities in alignment with the National Performance Framework. • Agree a Communication and Engagement strategy to support WSA. • Support implementation of the recommendations from the Specialist Public Health Workforce Commission on supporting a WSA. • In partnership with Health Foundation deliver a seminar across Scottish Government Policy areas to ensure alignment and support for a WSA to prevention in policy.
Shared commitment and outcomes	<ul style="list-style-type: none"> • We have many of the foundations to help realise this characteristics in the NPF, LOIP, and now the PHPs. • There is a strong desire to be more outcomes focused reporting. 	<ul style="list-style-type: none"> • Define a measurement framework that can effectively measure, assess and evaluate change for whole systems, in alignment with the National Performance Framework. • Agree with local partners a number of measures that will be used to capture progress with the implementation of the public health priorities - this will include indicators that will capture the progress in population health outcomes. But it will also include metrics that will help to monitor the shift in ways of working and in particular leadership capacity, community engagement and collaboration. • Embed a culture of learning in the process which will enable that identification of both the contributors to success and the issues that are getting in the way of progress.

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WSA Characteristic	Current position	What we propose to do
Place is important	<ul style="list-style-type: none"> There has been growing recognition of the importance of place based approaches and understanding the local context in Scotland. The WSA will continue to build on this. 	<ul style="list-style-type: none"> As part of our early adopters work, we will develop a series of test of change focussed specifically on the contribution of place integrated with public health priorities.
Creativity and innovation	<ul style="list-style-type: none"> Innovation in this context isn't purely about technology and data alone, but embracing new ways of working which challenge our current understanding and approaches nationally and locally to enable the whole system to work together. Public Health Scotland will have an important role in supporting and driving innovation for delivery of the Public Health Priorities. 	<ul style="list-style-type: none"> Define the role, input and direction that Data Science, Behaviour Insights and data has on driving innovation in Public Health. Deliver engagement sessions with stakeholders to identify barriers and issues around innovation. Link with the leadership for Public Health Commission to ensure a culture of Innovation is embedded in Public Health Scotland.

See appendix 2 (Communication and Engagement Strategy) detailing how the development of a Communication and Engagement plan will support the above characteristics.

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Early adopters

4.2 To further test and refine our approach and build momentum across the system we will identify and work with early adopters of the WSA to the Public Health Priorities over the next 2 years. This will involve testing new ways of working and learning alongside local and national partners. We will demonstrate the new ways of working and inform the development of both Public Health Scotland and the Specialist Public Health Workforce to be effective in leading and supporting a WSA. The objectives of the early adopters work stream will be:

- Test and refine the Public Health Reform WSA with partners.
- Understand the barriers and facilitators to adopting a WSA and identify and test activity to overcome barriers.
- Identify ways of improving links between national policy and local delivery which best support a WSA.
- Demonstrate what a WSA to the Public Health Priorities looks like in practice.
- Share the learning across the wider system.

5. Governance Arrangements

5.1 To date, work on the WSA has been working within the perimeters of the existing Public Health Reform (PHR) governance arrangements. The PHR programme agreed in July 2018 that we would take forward three specific actions in support of the public health priorities and to drive forward the work around whole system working, which included;

- The establishment of a new **Public Health Policy Team** within Scottish Government, with the purpose of providing policy capacity to support the wider system, Government and beyond, to adopt and implement the priorities
- The establishment of a new **Whole System Reference Group** (since adapted to Steering Group), with the responsibility for supporting thinking and actions towards enabling whole system working and driving the priorities forward at national and local level, mainstreaming them through a joined-up approach to the public's health.
- The development of **a set of key principles** to inform work across the wider system to implement the priorities, to support our intended approach to implementation and inform the work of both the policy team and the Whole System Steering Group (WSSG).

5.2 Since the last meeting, work has been ongoing in developing a high level plan (with support and oversight from the WSSG), detailing proposed activity that will be undertaken over the next 12 to 24 months in creating a strong foundation in delivering a collaborative WSA. Which has been described in section 4.

5.3 During this phase of planning and development, the PHOB has provided a strong and significant strategic role in supporting, advising and providing challenge to

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our work. As well as, offering invaluable knowledge and understanding of the current system and the challenges that we face as a public health community.

5.4 The programme has reached a point in its journey, where we must progress from planning and development, which will require the appropriate level of guidance, strategic leadership and drive to turn our ambitions into reality. As part of this next phase, we are beginning to consider the best way to ensure that we maintain momentum, and work collaboratively to support and drive forward a whole system approach to public health in Scotland. Over the next few months we will be working on:

- Our overall approach to implementation (across the short, medium and long term);
- our engagement with partners across the whole system;

5.5 As part of this next phase, we will revisit our current governance arrangements and begin to look at a longer term, sustainable governance model that will maintain momentum in supporting the public health priorities and WS working beyond the life of the PHR programme. In future, the PHOB will be asked to consider membership and wider governance arrangements that best serve a WSA to public health.

6. The PHOB are asked to:

- Comment on our narrative for a WSA to public health;
- Note the current position (section 4.1) with regards to the characteristics of WSA and provide views or comment on the activities that we are proposing
- Provide views on how we can best share and encourage adoption of the WSA to addressing Scotland's Public Health Priorities
- Advise on how best our evolving governance arrangements maintain the strong foundations of shared ownership across stakeholders of the challenge of enabling the wider system to work effectively together.

APPENDIX 1

Public Health Scotland and Specialist Public Health Workforce Engagement Summary

1. Introduction

1.1 The Public Health Reform Team have undertaken a substantive programme of engagement across the wider system to develop a shared understanding of what a WSA to improve health and wellbeing should look like in Scotland.

1.2 This has included a programme of engagement events with Community Planning Partnerships across Scotland to inform how the specialist public health workforce and Public Health Scotland can support whole system working in localities.

1.3 In addition the reform team undertook targeted engagement with key stakeholders from the third sector, local government, health and social care and professional groups. This report provides a summary of emerging themes and key messages from this engagement.

2. Summary

2.1 A key focus of engagement has been the future role and contribution of Public Health Scotland and the Specialist Public Health Workforce in supporting and enabling the whole system, including on Scotland's public health priorities;

Key themes included:

- Purpose - There are already good relationships with public health in place locally and systems are working well, but there is a lack of clarity at a strategic level of what the offer is from public health. There was a request for a clear articulation of what Public Health Scotland and the Specialist Public Health Workforce (local and national) can offer the system.
- Leadership – Public Health Scotland needs to provide leadership spanning the national and local system to improve health and wellbeing. The Specialist Public Health Workforce is ideally situated to provide local leadership and play an active role in local partnerships. To achieve this, the workforce needs to be more visible and adaptive and flexible to local needs.
- Accountability and Governance – Public Health Scotland needs to be accountable to national and local government and hold the system to account for action on Scotland's public health priorities. The Specialist Public Health Workforce needs to be more engaged in local collaboration and be accountable for supporting partners deliver improvements in health and wellbeing
- Engagement – Public Health Scotland needs to be visibly engaged and involved across the system – nationally and locally - to build credibility, leadership and be responsive to the needs of the wider system. The workforce needs to be more effective at collaboration and engaging in local partnerships to maximise influence.

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- Once for Scotland – The importance of local knowledge and connections are vitally important to supporting a WSA. Recognising the variation across the system, provide services on a Once for Scotland basis to ensure consistency and resilience across the system to enable the public health workforce to effectively support local partnerships.
- Workforce Development – A WSA approach need to utilise not only specialist skills but also those within the wider workforce, innovative approaches to co-location and collaboration that strengthen partnership and relationships are critically important. Developing the skills and capacity within Public Health Scotland to engage effectively with the wider system and support the Specialist Workforce maximise their impact in local partnerships.

3. Specialist Public Health Workforce

3.1 There was wide recognition of the need for change. There was a need for being clear about the role and contribution of the specialist public health workforce and how they will add value to supporting and enabling a WSA.

3.2 Workforce knowledge and skills

- Critical to all of the workforce conversation is to ensure that the workforce have the right skills and competencies to carry out what's required, There were a number of different frameworks but it is important to recognise the skills and knowledge required to contribute effectively to collaboration and support a WSA approach.
- Workforce development needs to ensure core competencies are achieved but recognise the importance of behaviours and ways of working that will add value to partnerships and develop these capabilities within the workforce.

3.3 Capacity and Meeting Demand

- The issue of local variation both in terms of capacity and skill mix was a theme throughout the engagement sessions. There was acknowledgment of the legacy public health departments are dealing with relating to how they were resourced historically –this needs to change and there be a realisation of their contribution to the wider system. National and local leadership for this needs to be aligned.
- There was a sense from some partnerships that the current location and deployment of the PH workforce locally isn't working- they aren't visible in the places that community planning would like (and value) them to be. In the partnerships where there is a public health presence and contribution this was valued- partners were able to articulate specific contributions that strengthened partnership work.

3.4 Leadership

- There was a requirement for local leadership to ‘enable’ the public health workforce locally to focus on / prioritise the work of partnerships. This requires a different leadership approach that ensures strong visibility from public health.
- In many areas this was through the Director of Public Health but this isn’t always possible and a distributive model, with staff empowered to make decisions is required to ensure a strong, visible presence from the public health workforce in partnerships. Learning from other partners where there is a dedicated lead officer for partnerships would be worth exploring further.

3.5 Local knowledge, relationships and connections

- The importance of local knowledge and connections was a strong theme throughout all of the engagement activity. Therefore, enabling and supporting this needs to be a key consideration. Participants were clear that this cannot be underestimated and any workforce model should acknowledge this as a critical success factor. The collaborative advantage of working together and pooling the workforce was the main goal.
- Co-location of staff was seen as a valuable to build collaborative relationships and to better understand the local context without the need for significant structural change. The role of Public Health Scotland in supporting the local public health workforce is crucial in terms of workforce development as well as leadership and credibility.

3.6 Commitment from NHS Boards

- Without structural change, to enable the workforce to provide stronger leadership for public health and commit to genuine collaboration with local partners and communities there is a need for NHS Boards to commit to doing this and contributing to partnerships in a different way. This is challenging given the existing governance arrangements.

3.7 Wider workforce

- There is a risk that focussing on a relatively small resource (specialist public health workforce) there is not enough attention given to supporting the wider system to embed a public health approach across community planning and other partnerships.
- There needs to be consideration to how the wider workforce can be supported to build their public health knowledge and skills- there was consideration for both the role of PHS and the local SPHW in this discussion

4. Public Health Scotland

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4.1 Public Health Scotland needs to tackle the big societal issues and bridge the space between national and local. Partners welcomed the establishment of the body and a consistent national voice on public health. The expectation from partners is to ensure the national assets are deployed to support collaboration with the priorities being a key area of focus, holding partners to account for delivering against the priorities.

4.2 Leadership role

- The expectation of Public Health Scotland's leadership role was a consistent theme throughout all of the engagement. Much of this focused on Public Health Scotland working with national government to address silo working across the breadth of public health policy.
- There was also a clear local leadership expectation, ensuring that public health contributes effectively helping partners make decisions and provide challenge. There was consensus that a national body is better positioned to do this.

4.3 Ways of working

- There were consistent messages throughout the engagement about how the wider system would like PHS to interact and work with partners. This majored on flexibility, being present, investing time, a willingness to get in and do work-not simply offer advice or critique and critically; the need for an appreciation of difference and diversity in how local operates.
- There was acknowledgement that there will be a need to maximise the economies of scale with Once for Scotland approaches but to also allow for local interpretation and variation to respond appropriately to local context and priorities.
- Some felt that public health could really strengthen many local government and partnership policies and plans and perhaps adoption of a health in all policies approach would help to facilitate better engagement at early development stage with public health.

4.4 Data and Intelligence

- Data and evidence analysis and synthesis skills would be welcomed by some partners, however there is a need to go beyond the national datasets by drawing on evidence and intelligence from across local Community Planning Partnerships, including the third sector.
- There is also a clear ask to provide support to partnerships to interpret data and evidence, providing intelligence tailored to the local context. There was a need for Public Health Scotland to recognise the value and intelligence collected by the third sector and that this should have parity with other types of evidence.
- The body needs to be more innovative in its use of data and evidence and how this is accessed by stakeholders. For example, a useful function of Public Health Scotland could be to help organisations better understand the funding landscape and provide data to support public health related projects.

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- Public Health Scotland can act as a bridge between academia and reality of putting into practice. Working with partners to simplify evidence and highlight what works that is responsive to the needs of localities.

4.5 Supporting Communities

- There is an interest in having Public Health Scotland much more embedded alongside partnerships and consideration of how this could be done in a sustainable way. Examples of other national bodies are useful in utilising a local lead officer model.
- It was viewed as an effective way of deploying speciality support into the CPP and seen as a strength of the Police and Fire models. This would mean having a staff resource that can be deployed locally, being able to draw on expertise from across local team. This model would ensure local contextual knowledge and power to shape local delivery of national programmes/policies to fit local needs.
- There was recognition however of the resourcing implications for this and another suggestions included: deployment on apolicy basis e.g. child poverty; embedding workers in partnerships to support local work; and providing match funding for local projects- ensuring a range of resourcing options to further local implementation.

5. Conclusion

5.1 The Public Health Reform Team have undertaken a substantive programme of engagement across the wider system to develop a shared understanding of what a WSA to improve health and well-being should look like in Scotland.

5.2 This has included a programme of engagement events with Community Planning Partnerships across Scotland to inform how the specialist public health workforce and Public Health Scotland can support whole system working in localities and targeted engagement with key stakeholders from the third sector, local government, health and social care and professional groups.

5.3 This report provides a summary of emerging themes and key messages from this engagement.

APPENDIX 2 - Communication and Engagement Strategy

1.1 The success of the WSA will be judged against progress in improving health and wellbeing and the major challenges underpinning our wider reform ambitions: these are:

- Scotland's relative poor health
- The significant and persistent health inequalities
- Unsustainable pressures on health and social care services

1.2 Scotland's public health priorities provide a focus for closer collaboration, joint working and a context for how public health can support the whole system to take collective action, across organisational boundaries and in communities. For the purposes of communications and engagement, whole system working can be defined as applying systems thinking and processes that enable:

“An ongoing, flexible approach by a broad-range of stakeholders to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for the people of Scotland.”

Key messages

1.3 Key messages will change through time as the reform agenda progresses. However, initial key messages include:

- Improving the public's health is a shared responsibility at both national and local level and whole system working will help to drive reform across Scotland.
- Scotland's public health priorities represent a consensus on issues where working together we can make the biggest impact on increasing healthy life expectancy and reducing health inequalities.
- Adopting a Whole System approach working alongside Public Health Scotland and public health priorities will be the foundation to deliver our reform ambitions.
- We'll work with early adopters to showcase best practice, with prevention and place based approaches being developed to improve health outcomes and regenerate communities

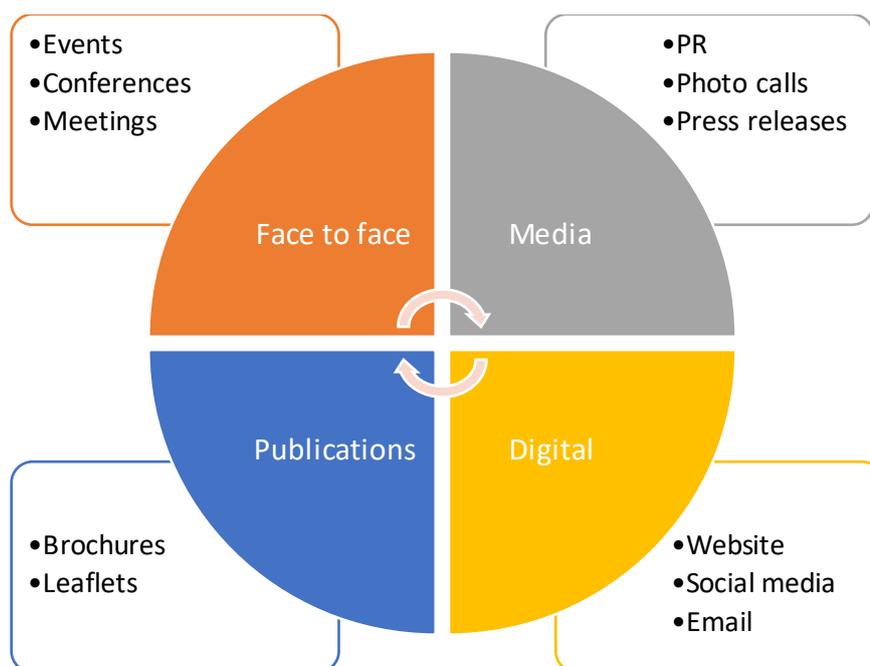
Overarching strategy

1.4 Due to the scale of the communications and engagement challenge, relevant work on the whole system will be targeted at specific, segmented audiences at different times using an integrated communications strategy.

Our integrated approach to communications and engagement activity, will use all available channels to help raise awareness of public health reform. These include:

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1.5 In delivering our communications and engagement objectives, we need to consider activity that will be best led at a national level, while supporting and equipping partners who are best placed to lead communications and engagement locally. Engaging with a wide-range of stakeholders from national and local government, the third sector, private sector and communities is vital to our success.

1.6 We will use all available channels to share our messaging, making use of partner organisations including Scottish Government, COSLA, Councils, NHS and Third Sector to maximise reach. By cross sharing content we will add supportive voices to our central work and start to build an active network of ambassadors.

1.7 A robust communication and engagement plan will be needed to build and sustain momentum and support for this new way of working. Our strategy will support this with the following objectives:

- Champion collaboration and joint working across Scotland's the whole system, sharing learning and experience.
- Effectively engage with stakeholders, encouraging and facilitating two-way communication to influence our approach and support learning on the whole system objectives.
- Support individuals, organisation and communities adopting a whole system approach and ensure consistent messaging with other reform programmes.
- Drive awareness about Scotland's public health priorities and the whole system with identified stakeholders.

Target audiences

1.8 Due to the scale of the communications and engagement challenge, relevant work will need to be targeted at specific, segmented audiences at different times. By

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considering and applying consistent messaging to different audiences we will maximise understanding of the wider reform agenda and influence conversations and networks across Scotland.

1.9 An integrated communications and engagement activity calendar will map out and deliver targeted engagement and communications activity to support the whole system approach to ensure that all identified audiences are given access to relevant information on a timely basis.

1.10 This ongoing work will be planned to support the wider public health reform agenda, using all available channels to maximise both our audience and our influence in the emerging public health programme.