<u>Public Health Priorities</u>

Strategic Development

This report provides COSLA Leaders with an update on progressing our joint COSLA-Scottish Government public health reform programme, and presents draft public health priorities for Leaders' consideration and endorsement.

Summary and Recommendations

COSLA has committed to working in partnership with the Scottish Government and others to take forward the recommendations of the 2016 Public Health Review. A joint programme of reform has been developed which seeks to develop public health priorities for Scotland, a new national public health body, and to consider local partnership approaches to public health. Work to develop a new national public health body and strengthened local partnerships is ongoing, and operating to a longer timeline of 2019/20. Work to develop public health priorities for Scotland is now nearing conclusion, with a target of final agreement by Scottish Ministers and COSLA Leaders by early summer 2018.

COSLA Leaders are therefore invited to:

    i.   Note the progress on the public health reform programme outlined in this report; and

    ii.   Consider and, if satisfied, endorse the draft public health priorities set out at paragraph 13.

References

Previous reports on public health**:**

- COSLA Leaders, 29th January, 2016
- Health and Wellbeing Executive Group, 1st March, 2017
- Health and Social Care Board, 8th September, 6th April 2017, 6th April 2018

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Public Health Priorities

Strategic Development

1. COSLA has committed to working in partnership with the Scottish Government and others to take forward the recommendations of the 2016 Public Health Review. A joint programme of reform has been developed, which seeks to develop new public health priorities for Scotland, a new national public health body and to consider local partnership approaches to public health. This paper updates Leaders on progress to date and presents draft public health priorities for consideration and endorsement.

Background

2. Public health has long been a key concern for local government, and latterly Community Planning Partnerships (CPPs), with councils' provision of local services and leadership of CPPs being pivotal to the protection, promotion and improvement of the public's health. As public finances have tightened over the past decade, we have seen increasing political and policy interest in public health – not least in terms of its potential to prevent failure demand, thereby reducing pressure on other parts of the public sector.

3. Against this backdrop, the Scottish Government undertook a Public Health Review in February of 2016. COSLA Leaders welcomed the findings of the review in broad terms, set out an expectation that COSLA be involved in progressing the recommendations, and remitted further work to COSLA's Health and Social Care Board. The review was then followed by publication of the Scottish Government National Delivery Plan for Health and Social Care in December of the same year, which included commitments to:

   • By 2017, set national public health priorities with Local Government which will inform local, regional and national action (subsequently revised to spring 2018)[1];

   • By 2019, support a new national public health body to strengthen leadership and provide the evidence to underpin and support future action; and,

   • By 2020, set up local public health partnerships to mainstream a joined-up approach to public health at the local level (being implemented as 'strengthening local partnerships to…' following negotiation with COSLA officers).

Current COSLA Position

4. Following negotiations which are detailed in previous Health and Social Care Board reports[2], agreement was reached with Scottish Government to undertake a joint COSLA-SG Public Health Reform Programme to deliver the commitments outlined at paragraph 3 above. Key to these negotiations, was the establishment of a set of design principles which are intended to guide the development process; these are presented at Annex A for information. In summary, the design principles are intended to ensure a broad view of public health is adopted which sees it reaching far beyond the NHS, with new public health priorities representing a broad consensus, supported by a new public health body which faces the wider public sector - specifically local government and local partnerships, including Community Planning Partnerships (CPPs). HSC Board members endorsed these at their December 2017 meeting and agreed they should guide our engagement with the programme going forwards.

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[1] As outlined in the December 2017 report to the HSC Board, COSLA's Health and Social Care Spokesperson and the Cabinet Secretary for Health agreed to delay publication of the priorities until spring 2018 to allow sufficient time for robust consultation with stakeholders.

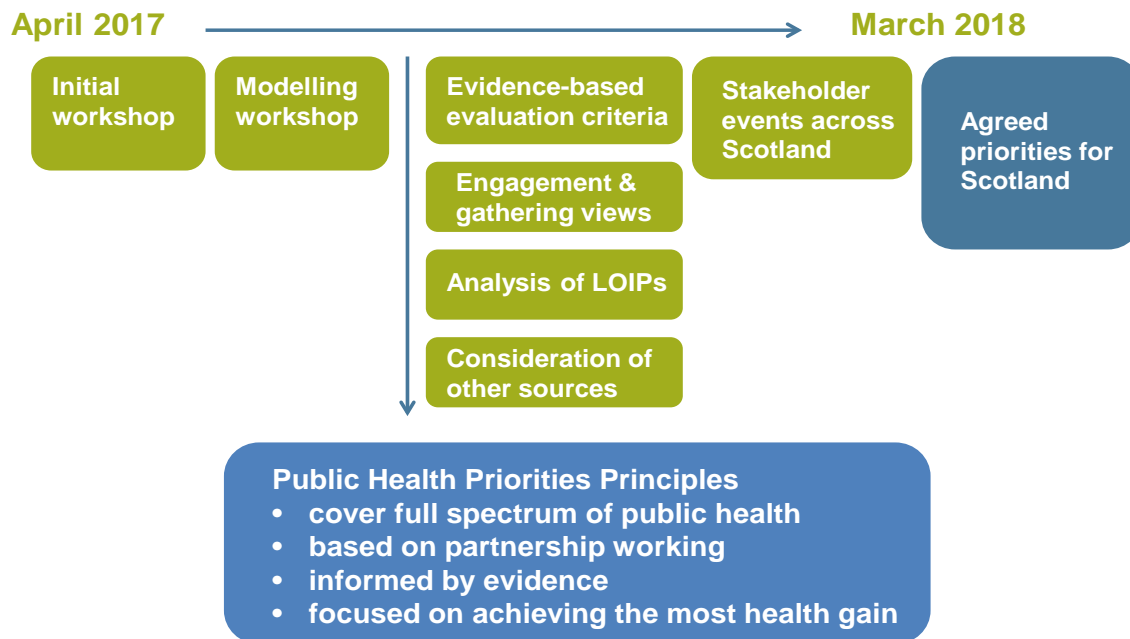[2] References section on page 1 of this report.

What is changing?

<u>Programme management / new public health body</u>

5. The public health reform team have been working to develop the overall 'blueprint' for reform and related programme management arrangements. A programme board has been established to authorise the key tasks and activities required to create the new national public health body and the means by which it will support national and local partners. Local government is represented on the programme board, and the Public Health Oversight Board (PHOB) which is jointly chaired by COSLA will continue to have oversight of the reform programme overall.

6. Over the coming months, the programme team will rake forward formal commissioning of work to inform the design of the new body. These commissions will form the building blocks for the new body and will be collaborative from the outset, co-led by organisations from across the wider public sector, including the Improvement Service and Integration Chief Officers' group, and will draw on relevant expertise from within local government and beyond. The first set of commissions will consider: Improving Health; Protecting Health; Health and Social Care Public Health; Data and Intelligence; and Leaderships for Public Health Research.

7. Each of these commissions will consider the topic area from the national, regional and local perspectives, and the 'Protecting Health' commission will be specifically informed by work already underway with the Society of Chief Officers of Environmental Health (SOCOEHS) and The Royal Environmental Health institute of Scotland (REHIS) to consider issues relating to environmental health services in particular.

8. The output from these commissions will be used to inform proposals for the form and functions of the new body, the relationships it will need to develop with other parts of the system, and its governance structures and organisational model - including the type of entity proposed in legal terms. The HSC Board will continue to oversee the development process, with final proposals for the new body, including governance and accountability arrangements, being brought to COSLA Leaders for approval.

<u>Public Health Priorities</u>

9. A key function of the new public body will be to support partnership action across the public sector on new public health priorities for Scotland. HSC Board members considered a 'long list' of public health priorities at their September 2017 meeting and noted a) the importance of ensuring priorities are built from the bottom-up and not simply developed from a national or central perspective, and b) the need for a transparent means of refining priorities generated through consultation to produce a meaningful and manageable set of priorities.

10. In response to these two concerns, the public health reform team ensured local outcome improvement plans (LOIPs) were a central feature of the process and that evidence-based evaluation criteria were developed to support a transparent process for refining priorities. HSC Board members endorsed these criteria at their December 2017 meeting and the diagram below shows how they fit into the overall consultation process.

April 2017 → **March 2018**

Initial workshop

Modelling workshop

Evidence-based evaluation criteria

Engagement & gathering views

Analysis of LOIPs

Consideration of other sources

Stakeholder events across Scotland

Agreed priorities for Scotland

Public Health Priorities Principles
- **cover full spectrum of public health**
- **based on partnership working**
- **informed by evidence**
- **focused on achieving the most health gain**

11. Key features of the consultation and development process outlined in the diagram above include:

- The establishment of an expert group to develop an evaluation framework and criteria used to ensure a transparent and evidenced-based approach to refining priorities. This group comprised academic, public health professional and local government representatives.

- A review of Local Outcome Improvement Plans (LOIPs) to ensure new public health priorities are built from the 'bottom-up' and achieve a good degree of consistency with local community planning priorities.

- A review of a range of key sources, including strategies relevant to public health, that could contribute to the development of the agreed priorities.

- Cross-sectoral engagement sessions involving the NHS, national and local government and third sector stakeholders, including gathering specific views from delegates as well as those staff who will be part of the new public health body.

- Three regional stakeholder engagement events in February 2018 (plus a virtual event for remote-based stakeholders) to build consensus around the future public health priorities for Scotland, reaching in excess of 400 people.

12. Themes emerging from the above consultation revealed a preference for focusing on health improvement-related issues, balanced with the need to ensure health protection and healthcare public health issues are not 'lost'. Two clearly dominating areas included mental health and wellbeing, and poverty and inequality. Key to the formulation of new public health priorities for Scotland is the design principle that they _do not_ equate to a requirement to cease any activities which do not relate to the new priorities. The new priorities are intended to represent areas of consensus around which public sector partners can corral efforts in order to set a foundation for all parts of the public sector in Scotland to contribute towards sustainable public health outcomes.

13. With this in mind, the public health reform evaluation criteria were used to distil evidence and feedback into a meaningful and manageable number of public health priorities for Scotland. These are presented below for Leaders' consideration and endorsement:

    i. We live in safe and healthy places
    ii. We flourish in our early years
    iii. We have good mental wellbeing
    iv. We are not dependent on harmful substances
    v. We have an inclusive economy with fair share of what we have for all
    vi. We eat well and are active

14. The priorities are intentionally couched in broad outcome terms to allow public sector partners to develop appropriate strategic action at the local, national or regional level, depending on which best fits needs and circumstances. However it is worth noting that some stakeholders may have wished to see more detailed or prescriptive objectives, accompanied by a narrow set of measures.

15. Whilst focused topics would arguably allow for more concerted action, a broader statement of priorities is likely to better serve the key aim of public health reform – which is to mobilise and align the whole system behind the public health endeavour and enable all key partners to see their role clearly. In that sense, the new public health priorities should function to support both national and local discussions between the full range community planning partners about their contribution to the public's health. The new public health body will play a key role in providing evidence and expertise to support partners to consider the priorities within their own particular context, be that national, regional or local.

16. Should COSLA Leaders sign up to the new priorities, accountability for their delivery will rest with Scottish and Local Government. The current national performance framework will be able to capture high-level progress and the new public health body will have a remit to support councils and their partners around data they may require at the local level. In practice, Community Planning Partnerships (CPPs) will play a key role in contributing to the delivery of the priorities within the context of Local Outcomes Improvement Plans and will continue to define specific priorities at the local level.

Proposed COSLA Position

17. It is our view that the above priorities achieve strong alignment with our agreed design principles (set out at Annex A) and will provide a robust foundation for driving wider public sector activity towards tackling the inequalities in health which still exist amongst our communities. It is therefore proposed that, following the COSLA HSC Board's in-principle support for priorities outlined at paragraph 13, Leaders endorse the priorities at their April meeting. Given the fiscal context within which local government currently operates, it is suggested that such support will necessarily be insofar as resources allow.

Next Steps

18. If Leaders agree, endorsement of the priorities will be communicated to Scottish Government and will hence shape the delivery of Public Health Reform.

Summary and recommendations

19. COSLA has committed to working in partnership with the Scottish Government and others to take forward the recommendations of the 2016 Public Health Review. A joint programme of reform has been developed, which seeks to develop public health priorities for Scotland, a new national public health body, and to consider local partnership approaches to public health. Work to develop a new national public health body and strengthened local partnerships is ongoing, and operating to a longer timeline of 2019/20.

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 April 2018

Public Health Reform Design Principles

Public Health Priorities

- Public health priorities will represent a broad consensus and set a foundation for all parts of the public sector in Scotland to contribute towards sustainable public health outcomes. To achieve this, the development process itself will seek to build momentum and meaningful engagement, with strong partnership working and service interaction with the wider public sector.

- Priorities will be informed by the best available evidence, building upon local assessments undertaken to development Local Outcome Improvement Plans. The priorities will focus on those activities that have the greatest potential to make a significant improvement to health gains, inequalities and sustainable economic growth over the next 10 years.

- The priorities will address the full spectrum of public health. We will brigade our public health activities around **evidence** (making best use of intelligence and decision support); **people** (ways of living that promote health and wellbeing and prevent ill-health in the context of personal circumstances and preferences); **place and culture** (creating healthy places and a culture that supports health and wellbeing); and **systems** (health and wellbeing promoting and protecting systems, including digital ones).

- Public health priorities will be reviewed at key points to adjust them in the light of progress.

Public Health at the National Level

- The organisational model for the new body will be co-designed by Scottish Government, Local Government and NHS Scotland, working with the third sector and other partners.

- The governance and delivery model for the new body will include meaningful accountability to both Local and National Government.

- The new body will provide strong, visible independent public health leadership to challenge, support and deliver our agreed national priorities.

- The new body will '*declutter'* and simplify the national public health landscape.

- The new body will be, and be seen to be, upstream of and separate from the NHS, while retaining important operational links.

- The new body will have an overall responsibility for ensuring that the best use is made of public sector data, initially starting with health and Local Government data, and will use this in ways to support public health improvement.

- The new body will provide capacity and capability to ensure national and local decisions and interventions are intelligence and evidence led, and that local professionals (in Local Authorities, Community Planning Partnerships, Integration Authorities and NHS Boards) are supported in areas such as service change, efficiencies, economic impact, equality of prosperity and inclusive growth.

- Where appropriate, and where the new national body provides the best opportunity for doing so, some functions will be delivered nationally on a 'once for Scotland' basis.

- The new national arrangements will support a multi-agency approach to public health both nationally and locally.

- The governance and delivery model for the new body will include meaningful accountability to both Local and National Government.

- The new body will be staffed by a 21st Century public sector workforce, continuously seeking to improve efficiency across the public sector; encouraging the application of generic skills as well as international expertise; grounded in agreed ethics and values; and fostering leadership at all levels.

Public Health at the Local Level

- Support for local public health activity in order to contribute to delivery of the public health priorities is strengthened. The offer of support will include the third and independent sectors where that is appropriate.

- Additional or new local structures will not be created on top of the existing complex landscape.

- Our work will be informed by the agreed public health priorities (with form following function).

- Additional local priorities and a flexible approach to local prioritisation will be respected and supported.

- The successful establishment of a credible, effective new public health body which is responsive to local strategic planning needs is key to building momentum and support for stronger local partnerships.

- It may not be possible to define solutions immediately and opportunities may arise naturally for us to try different models of strengthening local partnerships. We will seek to make effective use of such opportunities.