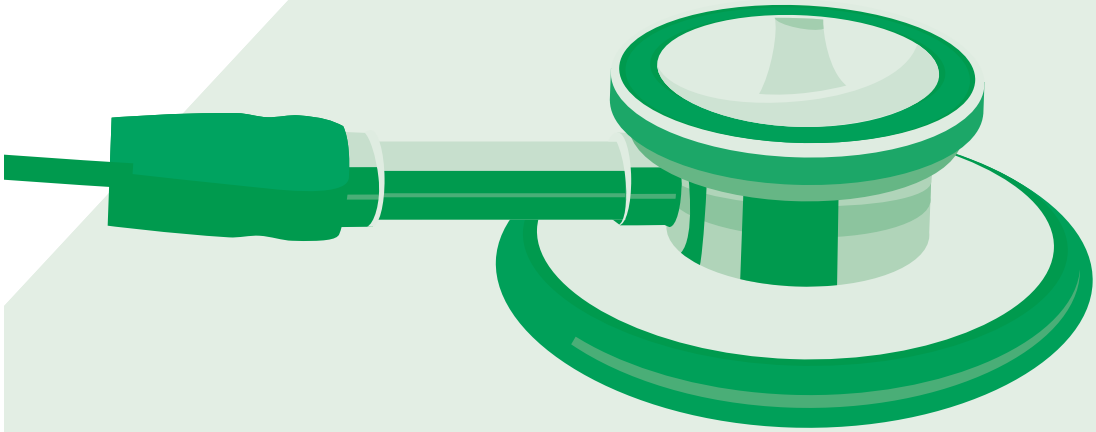
Briefing

Public Health Reform in Scotland



AUDIT SCOTLAND

Prepared for the Accounts Commission and Auditor General for Scotland
May 2019

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- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
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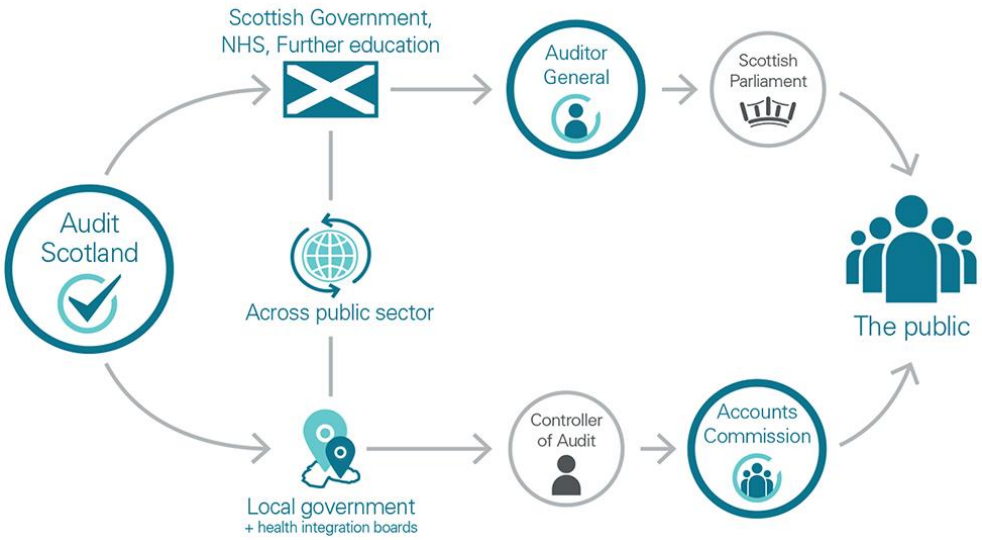

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Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Introduction	4
Public Health Reform	4
Governance arrangements	5
Public health priorities	6
Developing a whole system approach	7
Public Health Scotland	8
Commission and development projects	9
Finances	10
PHR priorities for 2019	11
The auditor appointment process	12
Next steps	12
Appendix 1. Governance arrangements	13
Appendix 2. Public health data	14
Appendix 3. Useful links	16

Introduction

1. The arrangements for public health in Scotland are changing and this paper gives an update on these changes.

2. Over the last century public health in Scotland has improved. There have been long-term increases in average life expectancy in Scotland and considerable improvements in the overall health of the population. Despite these improvements, there are significant health challenges that the Scottish population faces, some of which include:

- poor relative overall health status compared with other Western European countries
- stalling and one of the lowest life expectancies in Western Europe and the lowest of all UK countries
- an ageing population
- enduring health inequalities
- deprivation and poverty
- changes in the pattern of disease, for example, the increasing prevalence of diabetes and diseases of the circulatory system
- increasing pressures on health and social care services
- effects of current key issues such as obesity, mental health problems, alcohol and substance misuse.

Public Health Reform

3. To tackle these challenges, Scottish Government and COSLA set up a partnership to deliver Public Health Reform (PHR) with a strong focus on:

- tackling the socio-economic causes of poor health outcomes
- supporting a shift towards preventing ill health in the planning and delivery of public services.

4. The PHR was initiated following the publication of several key reports:

- The Commission on the Future Delivery of Public Services 2011. The Christie Commission, calling for greater partnership working, integration and focus on prevention across public services
- The Public Health Review 2015. It made recommendations to strengthen leadership for the public's health and refocus the public health function in Scotland. The key messages included: the importance of both national and local perspectives and the need for greater coordination between these; the need for greater visibility and a clearer identity for the public health function; the need to increase impact in partnership areas including IJBs and CPPs
- The Health and Social Care Delivery Plan 2016. It set out the actions Scottish Government and COSLA will lead to deliver the recommendations from the Public Health Review, including setting new national public health priorities and establishing a single public health body. The programme's aim

is to further enhance health and social care services, so people can live longer, healthier lives at home or in a homely setting.

5. All the reports recognised that Scotland's health challenges go beyond the remit of the NHS and a wider and more coordinated approach involving a wide range of organisations and the public to tackling them is necessary. The main domains of public health are:

- health improvement – enabling people and communities to improve their health and wellbeing by addressing the wider determinants of health
- health protection – preventing and responding to contagious or infectious diseases and environmental hazards, and promoting resilience to future risks
- health and care services – maximising the contribution of health and care services to population health and wellbeing and reducing health inequalities.

6. To deliver the vision for PHR, the Scottish Government and COSLA have committed to:

- publishing agreed public health priorities for Scotland that are important public health concerns
- establishing a new national public health body for Scotland bringing together expertise from NHS Health Scotland, Health Protection Scotland, and Information Services Division
- supporting different ways of working to develop a whole system approach to improve health and reduce health inequalities.

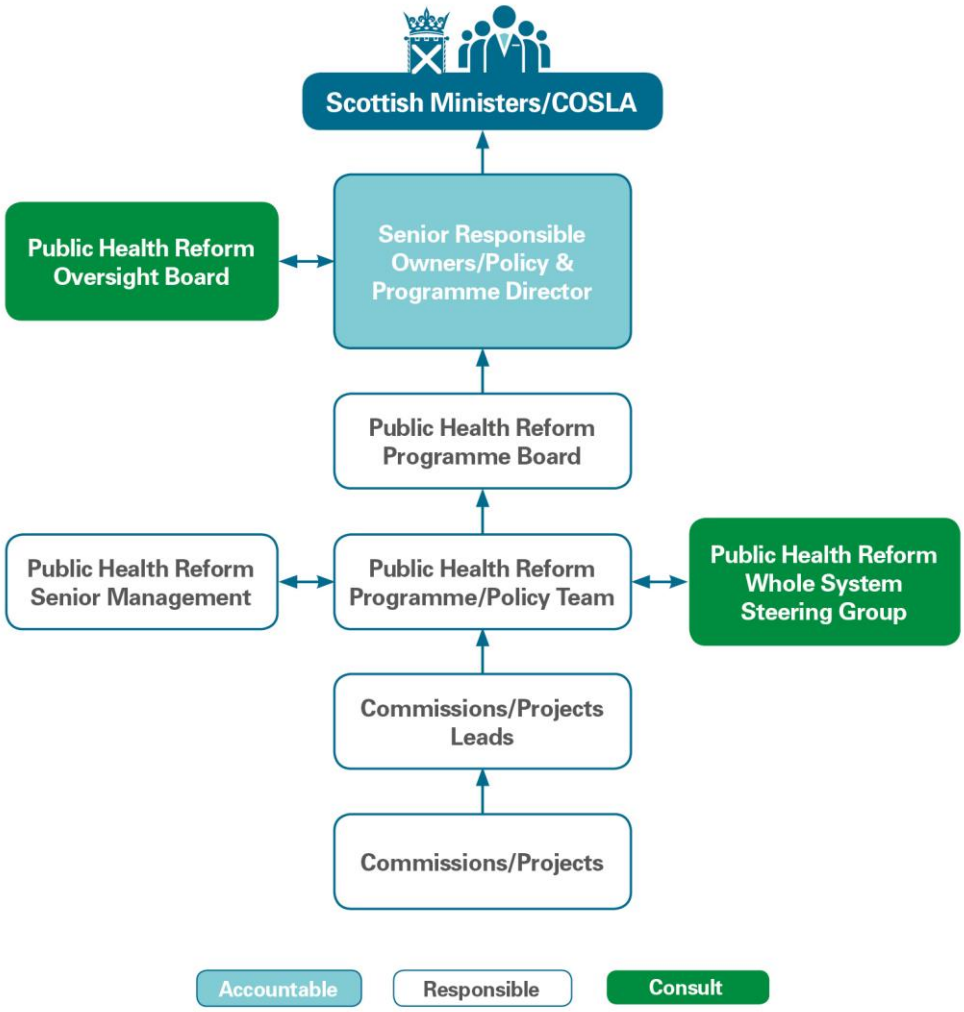
7. The vision for the PHR Programme is "a Scotland where everybody thrives" and the mission is "To lead, drive, support and enable a public health system fit for the challenges of the 21st century". The reform has been founded on the following principles:

- reducing inequalities through a whole system approach
- collaboration and engagement
- prevention and early intervention
- empowering people and communities
- fairness, equity, and equality
- intelligence, evidence, and innovation.

Governance arrangements

8. Exhibit 1 (page 6) shows governance arrangements for the reform programme through the Public Health Reform Programme Board. A second board, the Public Health Reform Oversight Board provides advice and guidance to the Programme Board. The remit, membership, and frequency of meetings of the two boards are set out in the table in Appendix 1.

Exhibit 1
Public Health Reform Programme Governance Arrangements



Source: Public Health Reform Programme Board papers; and Audit Scotland

Public health priorities

9. The Scottish Government published the new Public Health Priorities for Scotland in June 2018:

- A Scotland where we live in vibrant, healthy and safe places and communities (the theme of Place and Community)
- A Scotland where we flourish in our early years (Early Years)
- A Scotland where we have good mental wellbeing (Mental Health and Wellbeing)
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs (Tobacco/Alcohol/Other Drugs)
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all (Poverty & Social Exclusion including Inequality)

- A Scotland where we eat well, have a healthy weight and are physically active (Diet & Physical Activity).

10. The public health priorities were co-produced through engaging with representatives from:

- the wider public health community and workforce
- the NHS
- local government (including COSLA and SOLACE)
- community planning
- the third sector
- NGOs
- Health and Social Care Partnerships / Integrated Joint Boards
- health improvement specialists
- Scottish Government.

11. Engagement activities to develop the priorities included a series of events involving several hundred people from across the public and third sectors. Feedback was collected and reviewed by public health experts. The process was managed by the Public Health Reform Oversight Board and supported by both an advisory and an expert group.

12. When the priorities were launched, in June 2018, the Scottish Government stated that "*the priorities connect strongly to, and will help accelerate, wider work and include local strategic planning and partnership activity; the refreshed National Performance Framework and related National Outcomes...*"

13. The impact of the new priorities will be measured over the next decade using a monitoring framework to demonstrate progress. The Government plans to review progress over time, while noting that it will take a decade of action and collaboration to see meaningful change.

Developing a whole system approach

14. The public health priorities apply to the whole system not just to health providers and they mark a shift away from the medical paradigm to a more collective approach. The whole system approach relies on partners from across the whole public sector and beyond working together. For example, Community Planning and Health and Social Care Partnerships will increasingly work with public health teams and communities to realise the reform aims by developing local solutions to local public health challenges.

15. A Whole System Steering Group was established with the aim to define how a step change across the system will be achieved.

16. On 24 January 2019 the Public Health Oversight Board convened a workshop of key stakeholders to consider how to enable whole system working. The purpose of the event was to:

- develop a consensus and shared understanding of the challenge and ambition for the wider system to work together to improve health and wellbeing
- identify the key changes that are needed in the wider system and prioritise the key areas of focus and collaborative action to enable whole system working
- secure leadership and commitment from stakeholders to work collaboratively to deliver the shared ambition for the whole system.

17. The themes that emerged from this workshop highlight the importance of:

- working beyond organisations
- focusing on outcomes, particularly from a long-term perspective
- measuring success by developing a more streamlined and collaborative performance culture
- collaboration between organisations and communities
- place and community as a locus
- nurturing the collaborative, cross-sector leadership and behaviours required to challenge and transform organisational cultures and norms
- innovation in policy and practice, going beyond innovation in technology and data.

Public Health Scotland

18. The new public health body, Public Health Scotland (PHS), is currently expected to become operational from April 2020. The Programme Board is keeping that timeline under review, considering any anticipated delays to the leadership recruitment and legislative processes. PHS will bring together the current capacity from NHS Health Scotland (NHS HS) and the Public Health Intelligence (PHI) sections of NHS National Services Scotland (NHS NSS). PHI consists of Health Protection Scotland (HPS) and Information Services Division (ISD).

19. It is estimated that there will be approximately 1,100 members of staff within PHS. Most staff employed by NHS HS, and by PHI within NHS NSS will transfer.

20. PHS will be accountable to Scottish Government and COSLA and will support, enable and provide challenge to the whole system of partners in the public, private and third sector. The principles for PHS are:

- provide strong public health leadership
- be intelligence and evidence led
- have a key role in enabling and supporting the delivery of the national priorities at a local level
- have leadership roles in relation to:
  - health improvement (currently delivered by NHS HS)
  - health protection (currently delivered by HPS)

- health care public health (HCPH). There is no existing national leadership role for this, although ISD and Healthcare Improvement Scotland support elements of this work

- underpinning public health data and intelligence to support the delivery of these. Health intelligence is largely delivered by ISD, but the new body will increasingly need to access and use data that reflects the whole system

- the new body will also have a leadership role in relation to public health research, data science and innovation, and for the development of the specialist and practitioner workforce within the whole system.

21. In August 2018, the Scottish Government received formal confirmation from Scottish Ministers and COSLA leaders that PHS will be established as a new national Special Health Board. The rationale for this decision is:

- a Special Health Board approach would enable new leadership to be recruited and appointed more quickly, and would allow the body to be established earlier

- the approach significantly reduced risks in relation to staff terms and conditions, which was a concern for staff, and in relation to information governance

- the design principles, particularly around accountability to Local Government, could be achieved effectively through non-legislative means via a Memorandum of Understanding.

22. The Scottish Government are in the process of constituting PHS as a Special Health Board and delegating appropriate functions to the new body. It is expected that the Chair, Chief Executive and Board members will be appointed by autumn 2019.

Commission and development projects

23. The Scottish Government PHR Team has set up collaborative pieces of work, called Commissions, which will describe the functions of the new body and inform the development of PHS. There are eight commissions and each of these commissions is jointly owned by two or more organisations and includes national and local representatives. The aim for those leading the commissions is to demonstrate the needs of stakeholders across the whole system and develop solutions for closer collaboration. In addition to refocusing national leadership, the commissions have been created to focus PHS on providing the data and intelligence required at a local level.

24. As at February 2019, the following commissions have been completed:

- Improving Health: what do we need PHS to do to support the achievement of a step change in Scotland's health status and a reduction in health inequalities?

- Protecting Health: what do we need PHS to do to support an ongoing high quality, resilient and efficient health protection service for Scotland?

- Improving Services/Health Care Public Health (HCPH): what do we need PHS to do to support effective HCPH input to the design and delivery of care services across Scotland to maximise their population benefits and their contribution to reducing health inequalities?

- Underpinning Data and Intelligence: what do we need PHS to do to provide the best possible public health intelligence to inform and shape public health activities across Scotland?

25. The commissions which are still to be completed include:

- Leadership for Public Health Research, Innovation & Applied Evidence Commission – its purpose is to commission Scottish Public Health Network to co-ordinate work for a public health research, innovation and applied evidence function at national level within PHS
- Leadership for Public Health Workforce Development Commission
- Organisational Development Commission
- Specialist Public Health Workforce Commission.

26. Alongside the commissions a range of development projects have been set up in order to deliver the functions and support transition to the new public health body, including: accommodation; branding and identity; corporate IT; corporate services; data science and innovation; PHS Board and Committee governance; finance; human resources; and legislation.

Finances

27. PHS will be responsible for functions that are currently funded by baseline budget of around £40m and significant in-year funding of £20m (subject to demand). There will be start-up costs associated with establishing PHS and its Board. These are being met by the Scottish Government which has budgeted £1.5 million for the 2018/19 Reform Programme costs. Costs for 2019/20 are currently being finalised.

28. In December 2018 the Scottish Government published the Scottish Draft Budget 2019-20 which references public health priorities as shaping the planned public health actions for 2019. These include:

- creating PHS to lead progress against the public health priorities
- supporting key strategies on preventing and treating tobacco, alcohol and drug harm
- progressing action to address adverse childhood experiences
- improving collaborative working between public services to improve health outcomes for people in contact with the justice system
- consulting on restricting the promotion and marketing of targeted food and drink high in fat, sugar or salt
- providing practical support to SMEs (small and medium enterprises) to help them reformulate their products, making them healthier.

29. The Scottish Government has set out the following (Exhibit 2, page 11) investment plan for public health areas in the most recent Draft Budget 2019-20. These actions involve a wider range of organisations and services, although PHS will provide appropriate expert advice and support.

Exhibit 2
Planned public health spending in Scotland 2019-20

Public health area	Planned spending million £
Weight management service for people with, or at risk of, type 2 diabetes	42
Alcohol and drug treatment	20
Support for children and families affected by Foetal Alcohol Spectrum Disorder (FASD)	0.3
Walking groups in Scotland	1.2

Source: Scottish Draft Budget 2019-20; and Audit Scotland

30. In addition, the Scottish Government will:

- increase its investment in improving maternity services by funding implementation of the Best Start review recommendations
- continue to deliver a Baby Box offering essential items for a child's first weeks to the families of all new-born babies in Scotland
- establish a National Hub for the Prevention of Child Deaths
- establish Best Start Foods which will provide support for low income families to access a healthy diet
- publish a 10-year Children and Adolescent Health and Wellbeing Action Plan, focusing on both the physical health and wider wellbeing of children and young people.

PHR priorities for 2019

31. The PHR Programme and Oversight Boards have continued their regular meetings and the following priorities have been set out for 2019:

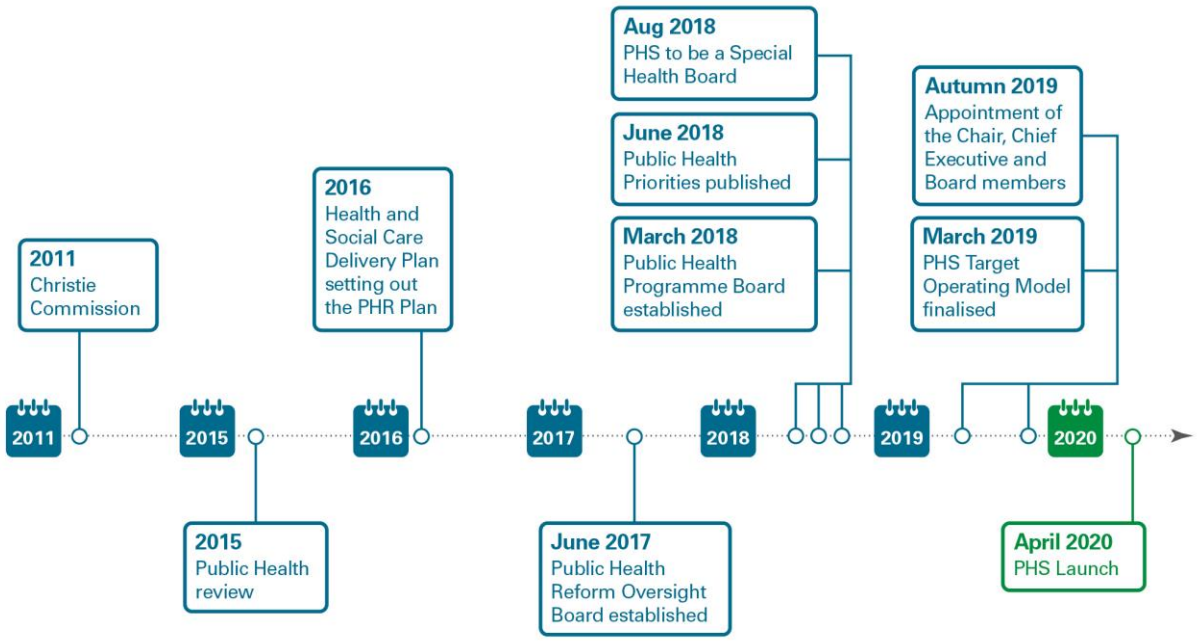
- The Programme Board will bring the outputs of the Commissions together to begin the process of describing what PHS will be and how it will work.
- The Programme Board will develop the Target Operating Model (TOM) setting out how PHS will work, how it will be structured, what things it will do itself and what things it will commission others to do for it, how it will relate to and support the wider system, and how it will be governed; the TOM will be finalised by the end of March 2019.

- The Scottish Government will undertake a consultation on the legislation that will need to be introduced to establish PHS. The consultation will set out how the new body might operate, its role and its governance.

- The commission looking at the wider specialist public health workforce started work in December 2018. It involves a wide range of professionals from across and beyond the professional public health workforce. The recommendations from the commission will be implemented later in 2019.

32. Exhibit 3 shows the timeline of key milestones in the PHR.

Exhibit 3
Public Health Reform timeline



Source: Audit Scotland

The auditor appointment process

33. The Auditor General will appoint an auditor once PHS is established.

Next steps

34. The progress of the PHR will be monitored by the Health, Care and Communities cluster which will provide further updates to the Auditor General for Scotland, the Accounts Commission, and auditors.

Appendix 1. Governance arrangements

	Public Health Reform Oversight Board	Public Health Reform Programme Board
Remit	Provides assurance to Scottish Ministers and Local Government Leaders on the effective and timely delivery of the three Health and Social Care Delivery Plan actions on PHR, specifically: develop public health priorities, establish the new public health body, and strengthen local partnership working for public health. The Oversight Board has changed remit over time and lost its responsibility for reform governance in April 2018 when the formal Programme Board was established. It was at this stage that the Oversight Board became wholly advisory. It reports to the public health policy team in Scottish Government.	Responsible for ensuring the PHR programme and its constituent projects achieve the required outcomes; it oversees the delivery of the PHR programme, reporting to Scottish Ministers and COSLA leaders on related outcomes, benefits and risks.
Membership	Representatives from Scottish Government, COSLA, NHS National Services Scotland, Faculty of PHS, Scottish Directors of Public Health, NHS Chief Executives, Scottish Community Development Centre, Society of Local Authority Chief Executives, Healthcare Improvement Scotland, Integration Joint Boards Chief Officers, Improvement Service, Community Planning Network, NHS Health Scotland, Voluntary Health Scotland, Glasgow Centre for Population Health, Scottish Association of Mental Health, Public Health England, Public Health Wales.	Representatives from Scottish Government, COSLA, IJB Chief Officers, NHS National Services Scotland, Trade Unions' Representative, Improvement Service, SOLACE, NHS Health Scotland, Food Standards Scotland, Scottish Community Development Centre, Community Planning, Scottish Faculty of Public Health, Directors' of Public Health, NHS Education for Scotland.
Meetings	Has met quarterly (6 times) since 2017.	Has met monthly (13 times) since March 2018.

Appendix 2. Public health data

The most recent public health data show:

- In 2018, the average life expectancy at birth across Scotland was 81 years for females and 77 years for males. People are now living longer than ever before, but Scotland now has one of the lowest life expectancies in Western Europe and the lowest of all UK countries.

- At the population level, there are marked differences between the most and least deprived areas in terms of how long people can expect to live in good health. This can be a difference of up to 28 years for men and 25 years for women.

The Scottish Health Survey 2017 (published in September 2018) presents, among others, the following findings:

- General health
  - 73% of adults described their health as 'good' or 'very good'
  - 45% of adults and 17% of children aged 0-15 have a long-term condition.
- Mental wellbeing
  - Mental wellbeing was significantly lower in the most deprived areas
  - In 2014-2017, prevalence of two or more depressive symptoms was much higher in the most deprived areas than in the least deprived areas (20% compared to 5%) as was prevalence of two or more symptoms of anxiety (17% compared to 7%)
  - The percentage of adults who describe their job as very/extremely stressful has remained stable (16% in 2017)
  - Mental wellbeing was lowest among those who described their jobs as very/extremely stressful.
- Dental health
  - 73% of adults visited a dentist less than a year ago
  - People living in least deprived areas are more likely to have 20+ natural teeth, than those living in the most deprived (86% and 65% respectively).
- Alcohol
  - 24% of adults drank at harmful or hazardous levels, down from 34% in 2003
  - The proportion of adults saying they did not drink alcohol increased from 11% in 2003 to 17% in 2017, the highest level in the time series
  - Levels of hazardous/harmful drinking in 2017 were higher for men (33%) than for women (16%)
  - In 2017, male drinkers drank an average of 8.0 units on their heaviest drinking day and the average was 5.3 units for women; a significant fall for women from 2016 (6.1 units)

  - The percentage of men drinking more than four units on their heaviest drinking day declined from 2003 to 2017 (45% to 37%). Similarly, the percentage of women drinking more than three units on their heaviest drinking day declined (37% in 2003 to 29% in 2017)

  - The percentage of men drinking more than eight units and women drinking more than six units on their heaviest drinking day also declined (24% in 2003 compared with 17% in 2017), with a significant fall since 2016 (from 20% to 17%).

- Smoking

  - 18% of adults smoked in 2017, down from 21% in 2016 and 28% in 2003

  - Smoking prevalence was highest among adults aged 25-34 (24%) and lowest among those aged 75 and over (6%) in 2017

  - Prevalence of smoking varied by area deprivation level: 27% in the most deprived areas and 9% in the least deprived areas

  - The gap between smoking prevalence in different areas of deprivation has narrowed but rates remain around 3 times higher in the most deprived areas

  - The proportion of non-smoking adults exposed to second-hand smoke (based on detectable salivary cotinine), has fallen: 85% in 2006 and 24% in 2016/17

  - In 2017, current e-cigarettes use among adults was 7%, the same level as in 2015 and 2016 and a significant increase from 5% since 2014.

- Diet

  - 24% of adults met the 5-a-day recommendation, the highest proportion since 2003

  - 8% of adults experienced food insecurity in 2017 (as defined by being worried during the past 12 months that they would run out of food due to lack of money or resources).

- Physical Activity

  - Two thirds of adults (65%) met the guidelines for Moderate or Vigorous Physical Activity (MVPA) in 2017, a slight increase since 2012 (62%).

- Obesity

  - In 2017, two thirds (65%) of adults were overweight, including 29% who were obese. This has remained stable since 2008 (fluctuating between 64% and 65%)

  - Prevalence of children at risk of obesity in 2017 was 13%, with levels showing a steady decline since 2014 (16-17% between 2003 and 2014), this is largely due to the decline in prevalence among boys from 20% in 2012 to 12% in 2017.

- Gambling

  - 6 in 10 (63%) adults had gambled in last 12 months

  - 0.8% of adults were problem gamblers.

Appendix 3. Useful links

- Public Health Reform Scotland: https://publichealthreform.scot/
- The Scottish Public Health Observatory: https://www.scotpho.org.uk/
- Scottish Public Health Network: https://www.scotphn.net/
- NHS Health Scotland, Public Health Reform: http://www.healthscotland.scot/our-organisation/our-context-public-health-in-scotland/public-health-overview
- Glasgow Centre for Population Health: https://www.gcph.co.uk/

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