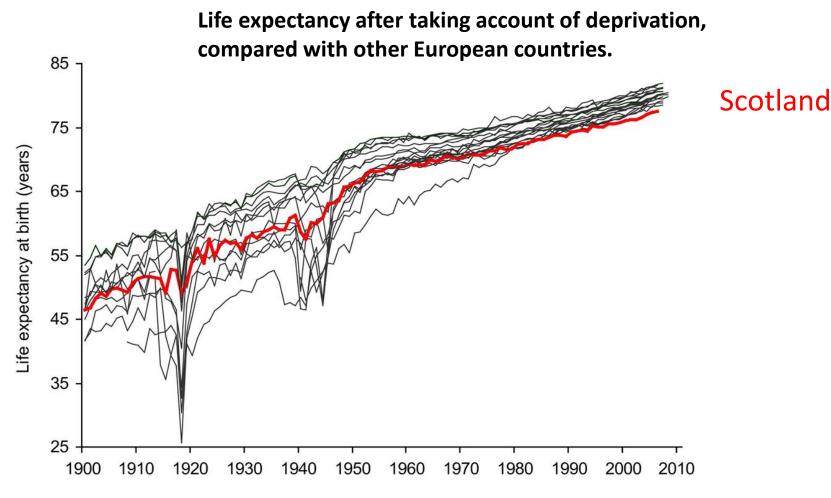
### Driving Improvements in Population Health

Andrew Scott, Carol Tannahill & Robert Skey Scottish Government

# Today: four things

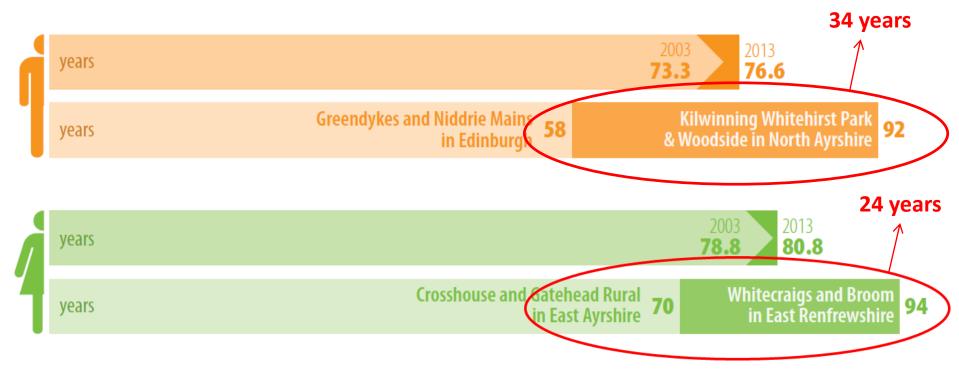
- 1. The population health challenge
- 2. Strategic context: the *Health and Social Care Delivery Plan*
- 3. Progress to date
- 4. In more detail:
  - Population Health Scotland
  - Some questions about regional/local activity

## The Population Health Challenge



# The Population Health Challenge

### Life expectancy in Scotland

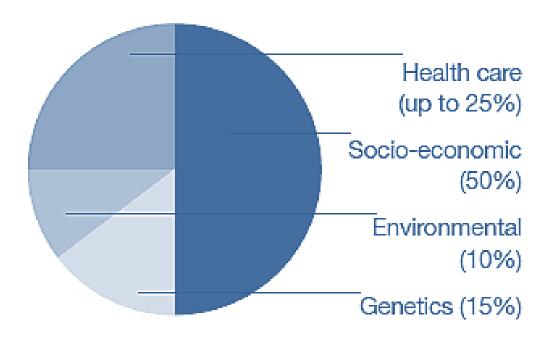


Life expectancy is increasing ...

.... **but** it is not improving equally for all. Differences in life expectancy are particularly marked by deprivation.

### What Creates Health Gain?

#### Canadian Institute of Advanced Research (2012)



Health care is <u>not</u> the main determinant of our health.

Estimates of impact show that <u>social and economic</u> <u>conditions</u> determine more.

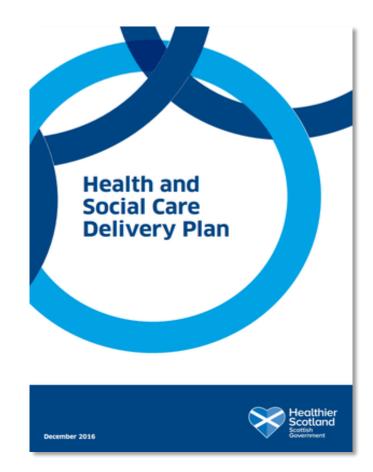
# Health & Social Care Delivery Plan

#### National actions:

In 2017, we will set <u>national public health</u> <u>priorities</u> with SOLACE and COSLA and others, that will direct public health improvement across the whole of Scotland.

This will establish the national consensus around public health direction that will inform local, regional and national action.

It will support a whole system approach – not just about the health system.

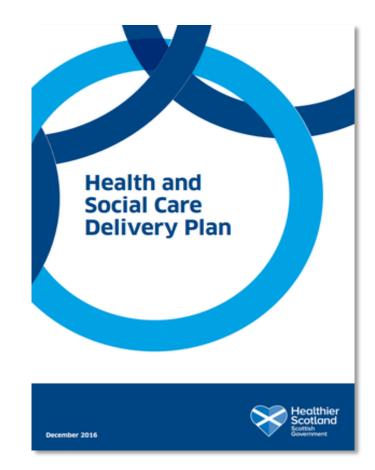


# Health & Social Care Delivery Plan

#### National actions:

By 2019, we aim to support a <u>new, single,</u> <u>national body</u> to strengthen national leadership, visibility and critical mass to public health in Scotland.

Such a body will have a powerful role in driving these national priorities and providing the evidence base to underpin immediate and future action.



# Health & Social Care Delivery Plan

### National actions:

By 2020, we will set up <u>local joint public</u> <u>health partnerships</u> between local authorities, NHS Scotland and others to drive national public health priorities and adapt them to local contexts across the whole of Scotland.

This will mainstream a joined-up approach to public health at a local level.



## Progress To Date (1)

Since the Delivery Plan was published:

- Scottish Government and Local Government leaders have agreed principles for working together on Delivery Plan commitments (February);
- We have developed an initial framework of public health priorities with public sector leaders, including NHS Chief Executives (August);
- We have established the <u>Public Health Reform Oversight</u> <u>Board (June)</u> which will guide and oversee all three of the commitments in the Delivery Plan.

# Progress To Date (2)

In more detail, the Public Health Reform Oversight Board ...

- Is jointly chaired by SG and CoSLA;
- First met June 28 and set clear expectations about making progress particularly in terms of considering the 'whole system';
- Next meets Sept 27 will consider outline business plan for new single organisation and proposals around local/regional activity on public health.
- Has a wide-ranging and senior membership including 4 NHS Chief Executives; LA Chief Executives; Chief Officers; DsPH; Faculty of Public Health; Third Sector; Health Scotland; NSS; Improvement Service; HIS; academia; expert external voices (Public Health England and Public Health Wales) and staff side.

## **Outline Timeline**

<b>Set-up</b> : Establish Oversight Board & Delivery Group	<b>Planning</b> : Business Plan, Programme Delivery Plan, etc	Implementation: Draft and lay legislation, Transition arrangements, Recruitment	Read Assess Rev Commur	s <b>ment</b> : iew,	<b>Go Live</b> : Transfer staff and ass Appoint Board, Intensive comms	
Sep 201			Oct 2018	Dec 2018		April 2019
Public health priorities: development and consultation process						

Workforce and leadership development

# In More Detail: Population Health Scotland (1)

- *Vision*: to drive improvements in the health of Scotland's population
- *Functions*: responsibility for <u>national</u> activity in relation to:
  - health protection (currently delivered by Health Protection Scotland);
  - health improvement (currently Health Scotland);
  - health care public health;
  - health intelligence (currently primarily delivered by ISD).
- In July the Cabinet Secretary, decided *in principle*\_that the national body should be responsible for function of <u>health intelligence</u>, to ensure health service planning is effectively supported and makes best use of data, information and intelligence. This means that the majority or all of ISD will transfer to the new body.
- The new body will also have a leadership role in relation <u>public health research</u> and innovation and <u>public health workforce</u>.

# In More Detail: Population Health Scotland (2)

- The final shape of the new organisation and the legal means by which it will come into being are still being considered. We are developing an outline business plan for Oversight Board.
- This will clearly articulate the <u>risks</u> and <u>benefits</u> of the proposed approach including on the inclusion of Health Intelligence/ISD.
- Working towards an April 2019 establishment date but more work to be done until we know if that is achievable.
- Will shortly establish an Executive Delivery Group as a shadow board for the new organisation, to lead transition.
- We are committed to a <u>shared services</u> approach to corporate functions/technical infrastructure and grateful to NSS for offering to support these.

### Discussion

- The Delivery Plan also commits us to think about how we support public health delivery at regional and local levels:
  - What would you like to see from any new regional structure for public health?
  - What is the best vehicle for supporting local public health activity (at community or at local authority level)?
  - Are there other issues you would like the public health reform programme to be aware of/consider?
- The Public Health Reform Oversight Board next meets at end September.