Shared Services Health Portfolio – Public Health Programme

Situation Background Assessment Recommendations (SBAR)
Position Paper

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Situation

As part of the NHSScotland Shared Services Portfolio, a Health Portfolio has been established which includes a number of support services including the delivery of Public Health functions. It was previously agreed that the Public Health Programme would await the publication of the Scottish Government's *2015 Public Health Re*view (PHR) before starting work to assess the feasibility of options for local, regional and national working. The PHR was published in February (see appendix 1) with the Public Health Programme initiated in May 2016.

The purpose of this paper is to provide a statement of the current status of the Public Health Programme regarding the:
- scope of the programme, the unique nature of the work undertaken by the public health function, and its alignment with the agreed shared service principles;
- relevance of the programme to other key NHS national policies, notably the National Clinical Strategy and Realistic Medicine, with their timely focus on quality of service, clinical and cost effectiveness, efficiency, elimination of unwarranted variation, removal of duplication of work, sustainability and resilience;
- work undertaken to identify a preliminary set of actions for the NHS (c.f. Para. 10 and Table 1) for which endorsement to proceed is being sought;
- establishment of a wider, more developmental work stream to identify potential options for more strategic change in public health within the shared service programme; and
- contribution such change could make to an articulation of a strategic vision for Public Health in Scotland in keeping with the Public Health Review and underpinned by shared service principles.

Background

The UK Faculty of Public Health sets out the functions of public health within three domains[1] which determines the scope of the Public Health Programme:
- Health Improvement;
- Health Service Quality and Effectiveness; and
- Health Protection.

They are underpinned by the domain of 'Health Intelligence'. Within these functions there are a series of key areas for public health practice. These four domains and the public health practice areas are accepted as international best practice. Within the NHS in Scotland, public health

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[1] See http://www.fph.org.uk/what_is_public_health Last accessed 1st August 2016

provides services in all the domains ranging – for example – from the provision of communicable disease control and emergency responding (health protection), to providing health improvements services such as smoking cessation and health promotion services supporting Integration Joint Boards and Community Care Partnerships (health improvement) to supporting clinical service redesign and decisions regarding high cost, low volume treatments (health service effectiveness and quality).

These public health domains were recognised by the PHR. The review also cautioned that the domains and areas of practice are interconnected and should not be developed in isolation or without a full understanding of what constitutes the current delivery of public health functions in Scotland. The PHR noted that there was no right way to plan or deliver public health functions; however, it did set out a vision for improving the planning, co-ordination, and delivery of Public Health in Scotland. Further details on the PHR and its recommendations are in appendix 1.

The Scottish Government has yet to respond to the PHR so it is not yet known how they see the recommendations from the PHR being taken forward. Clearly, the work of the Public Health Programme needs to follow on from the Scottish Government's response. However, the current situation creates a tension which will have to be managed in progressing the Public Health Programme. That said, the Public Health Programme provides a unique opportunity to reflect on the PHRs recommendations and build momentum to implement them.

Assessment

The Public Health Programme will contribute to changes that will compliment a strong strategic vision for Public Health in Scotland, in keeping with the intention of the 2015 Public Health Review and underpinned by shared service principles. Hence the critical concern is to identify efficiencies or economies of scale, which can be applied to delivering public health functions in a way that improves effectiveness, quality, and the sustainability of function and the services with which it collaborates nationally, regionally or locally.

The high-level approach to the Public Health Programme is to achieve greater consistency, equity and efficiencies of scale and practice, established greater clarity on functional roles and responsibilities. So reducing unnecessary duplication in taking forward planning, co-ordination or governance of public health actions on a 'once for Scotland' or 'best for Scotland' basis, whilst maintaining and sustaining effective links with Integration Joint Boards, Community Planning partners and other public health agencies and organisations across multiple levels in Scotland.

In this regard, a key factor will be to recognise that the scope of the work needs to include all four public health dimensions and the functions/services which relate to them in practice. In this an initial emphasis would be placed on work relating to NHS focussed public health, then on wider public health work through local authority and wider public health agencies. In all cases, the work needs to show how the vision for public health expressed in the PHR is to be realised.

A list of priority areas predominately within the NHS for consideration has been identified. These were developed as part of work of the Public Health Programme's Professional Advisory Group which drew on a reanalysis of the submissions to the PHR and specifically explored as part of the

Customer Engagement process which is bringing together the opinions of the wider group of public health stakeholders. This work highlighted that there were elements of the public health function which could fit a 'best for Scotland' model and this could be enhanced to avoid overlap or ineffective working and to develop/strengthen central consistency and clarity of governance.

The list of NHS priority areas is:
- delivering the out of hours, health protection on-call arrangement;
- co-ordination of national public health screening programmes;
- supporting national and regional health service planning; (with special reference to specialist service commissioning / decommissioning and support for the introduction of new medicines
- the development, maintenance, and analysis of public health intelligence; and
- planning and co-ordinating access to public health knowledge services to support knowledge in action.

These priority areas were explored at a stakeholder event on the 24th of August 2016. Participants at the event confirmed the appropriateness of including these areas and helped create an initial scope for each. Table 1 sets out how each of these areas is being progressed as a workstream within the programme.

In addition, the stakeholder event endorsed the establishment of a more developmental work stream that will identify credible options to achieve the wider vision of a strengthened public health system and outline the case for more strategic change in Scotland.

This developmental work stream will, within the parameters of the Shared Services Portfolio, map existing services and set out the potential for – and feasibility of – the possible re-alignment of public health functions in the identified options. This will be achieved by describing necessary changes in governance, and having an absolute focus on the expectations for improved effectiveness, efficiency and quality set out by both the PHR and Shared Services Portfolio. Specifically, the work will explore how best to achieve cost efficiencies by freeing up specialist resource, removal of unnecessary work duplication and variation, and improve effectiveness, sustainability and resilience. Overall, the work will explore how such a service could deliver improved national planning and co-ordination of public health, whilst retaining the necessary capacity for local delivery to sustain health and social care integration, improve health and reduce inequality. Such a service would also be more able to support the necessary shifting resource to provide the focus on prevention necessary for the sustainability of the National Clinical Strategy and achieving the vision of Realistic Medicine.

Given the interconnectivity that exists between the domains and areas of public health practice, and the existing workforce capacity and capability considerations, this will be a critical phase of the work. It would help establishing realistic, sustainable business cases that clearly identity how expected efficiencies translate into more effective delivery and planning for the preliminary and the developmental workstreams.

At present the Scottish Public Health Network (ScotPHN) has been working with the Shared Services team to move the work on the Public Health Programme under the formal project management of the Shared Services Portfolio. This has included ensuring the work has been discussed by the Design Authority / Customer Reference Group on the 25 October 2016 and preparing all the necessary terms of reference for the programme and the individual workstreams. To ensure effective governance of each of these workstreams, a Public Health Delivery Group will be established. This will comprise the leads of the individual workstream groups and will be chaired by the Public Health Programme lead, Mahmood Adil. Once the handover of leadership to the Shared Services team has been completed, ScotPHN will remain as main advisors and facilitators of the programme within Public Health on behalf of the Scottish Directors of Public Health.

Recommendations

Chief Executives are asked to:

Give approval to the Public Health Programme to progress 5 priority workstreams:
- delivering the out of hours, health protection on-call arrangement;
- co-ordination of national public health screening programmes;
- supporting national and regional health service planning (with special reference to specialist service commissioning / decommissioning and support for the introduction of new medicines);
- the development, maintenance, and analysis of public health intelligence; and
- planning and co-ordinating access to public health knowledge services to support knowledge in action.

Give approval to the Public Health Programme to develop a strategic paper outlining the vision of public health services in Scotland for consideration by Chief Executives. This paper will map existing services and set out the potential for – and feasibility of – the possible re-alignment of public health functions in realistic options. The purpose of this is to help inform the future planning, co-ordination and delivery of public health functions and their governance in line with the recommendations of the PHR.

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Table 1: **The List of NHS Public Health Services for consideration**

Work stream	Potential Benefits	Potential Barriers/Costs	Ownership/ involvement	Indicative Timing[1]	Immediate next steps[2]

The Health Protection, out of hours, on-call arrangement	• Removal of duplication of work
	• Elimination of variation
	• Effective service standards
	• Potential cost-saving
	• Improved resilience
		• Managing peaks & troughs
		• Workforce views
		   ○ *Staff pay variation*
		   ○ *Trade unions*
		   ○ *Lack of staff consensus*
		• Risk – importance of local knowledge
		• Governance
		• Supporting IT - HP Zone (?cost of change)
			• NSS Public Health & Intelligence – Health Protection Scotland
			• Health Protection Network
			• NHS DsPH & Staff
			• Partnership & Professional groups:
			   ○ *FPH*
			   ○ *BMA*
			   ○ *Unite*
			   ○ *REHIS*
			   ○ *etc.*
				• 6 months to develop model → implement	• Define governance
					• Understand existing service configurations
					• Use a current working group (or create group) to explore options

Co-ordination of national public health screening programmes	• Removal of duplication of work
	• Streamline & standardise services
	• Cost avoidance
	   ○ *Free up staff time*
	   ○ *Quality improvements*
	• Improve patient safety
		• Lack of clarity on PH involvement across NHS Boards
		• Can we be responsible? Authority
		• Variation In existing practice
		• Potential impact on Healthcare Improvement Scotland QA process
			• Scottish Screening Committee
			• NSS Specialist Health Care
			• Healthcare Improvement Scotland
			• NHS DsPH & Staff
			• Partnership & Professional groups:
				• 6-9 months to develop model →implement	• Understand status quo
					• Engage with Healthcare Improvement Scotland

Supporting national and regional health service planning (Specialist service commissioning / decommissioning & support for the introduction of new medicines	• Decommissioning of ineffective services → efficiency
	  o *Removal of duplication in finance and planning*
	  o *Duplication with England*
	  o *PH involved early → better results*
	• Cost minimisation re: technology, new drugs etc.
	• Reduce variation
	• Improved access to, and quality of, healthcare care
		• Cost of technology
		• Current cross-agency arrangements are potential barrier for PH involvement
		• Achieving realistic invest to save
		• Regional planning doesn't engage public health outside of the North of Scotland – sustaining variation
			• Healthcare Improvement Scotland
			• Chief Scientist Office
			• NSS Specialist Health Care
			• National Planning & Regional Planning Groups
			• Public Health Service Improvement Group
			• Academics (Health technology assessment Glasgow Univ. + others)
			• NHS DsPH & Staff
			• Partnership & Professional groups:
				• Minimum 12 months → implement	• Understand specialist PH capacity
					• Establish a "permissive environment" for PH involvement
					• Understand existing arrangements locally, regionally, & nationally

Development, maintenance, and analysis of public health intelligence	• Reduce duplication of work
	 • Eliminate variation in access to health intelligence
	 • Improve cost-effectiveness:
	    o *improved policy setting*
	    o *better demand management*
	    o *ensure effective and efficient spending on services*
		• Ensuring release of local capacity
		 • Addressing existing variation in capacity
		 • ? Technology cost
			• NSS Public Health & Intelligence – Information Services Division
			 • NHS Health Scotland
			 • NHS Education Scotland
			 • Healthcare Improvement Scotland
			 • Academia
			 • NHS Intelligence Staff
			 • NHS DsPH & Staff
			 • Partnership & Professional groups:
				• Post-PHR initial participatory process completed
				 • 6 months to develop model → implement Increased co-ordination of knowledge services support and of public health intelligence will increase over time – a key milestone will be gaining agreement for workplans to include dedicated time for co-ordinated work
				 • Full implementation of a co-ordinated workplan will take 18 months.
					• Re-convening networking meetings to identify model/governance for co-ordination.
					 • Establish agreement with DsPH about work planning.
					 • Discussion with owners/stakeholders about scoping PH effectiveness evidence.

| Planning and co-ordinating access to public health knowledge services | • Reduce duplication of work
• Eliminate variation in access to health intelligence
• Improve cost-effectiveness:
   ○ *improved policy setting*
   ○ *better demand management*
   ○ *ensure effective and efficient spending on services* | • Current variable management of the PH evidence base
   ○ *NHS Education Scotland*
   ○ *Healthcare Improvement Scotland*
   ○ *NHS Health Scotland*
   ○ *NHS Boards*
   ○ *Academia*
• Variation in resources for Knowledge into Action (Public Health v Healthcare)
• ? Technology costs | • NHS Education Scotland
• NHS Health Scotland
• Healthcare Improvement Scotland
• Academia
• NHS (& Wider) Knowledge teams
• NHS DsPH & Staff
• Partnership & Professional groups: | • Post-PHR initial participatory process completed
• 3- 6 months to develop model → implement (?12 months for full co-ordination) | • Develop working arrangement (drawing on existing work from NHS Education Scotland / NHS Health Scotland),
• Gain agreement for workplans to include dedicated time for co-ordinated working |

Notes:

1) The timings given in this table are given only as an initial estimate of the likely time it could take for any proposals for change to be created. This may also vary as a result of ensuring effective project management to timetable the various workstreams.
2) The immediate next steps may be subject to change, if the work can be undertaken within existing working groups or processes.

Appendix 1:   Summary of the 2015 Public Health Review in Scotland

The 2015 Public Health Review in Scotland (PHR) was published in February 2016. Based on over a year's work, the main emphasis of the review was on strengthening the public health function and re-focusing action for a healthier Scotland. It constitutes the first review of public health since the 1999 and is the most far-reaching in its scope to date.

In the context of the Public Health Programme, the main focus is likely to be on those aspects regarding strengthening the public health function. Though all the recommendations of the PHR concerning improvement in the public's health provide an essential backdrop against which to assess the appropriateness of any action to strengthen the function.

The PHR provided a vision for a modern public health system in Scotland which was:
- working to deliver a single Scotland-wide strategy for public health, with clear outcomes and priorities;
- delivering evidence informed interventions and programmes;
- providing strong, articulate local and national leadership across the breadth of public health actions;
- effective in partnership working and able to share responsibility for public health activities widely across different organisations, sectors, communities and individuals to ensure that the determinants of population health are addressed, as well as particular health priorities;
- delivered, in line with the 2020 workforce vision, by a workforce that is competent in public health activities across sectors, resilient in meeting acute threats to the public's health, and able to respond to the challenges associated with a dispersed workforce involving varied skills and professions; and
- achieving this in an "uncluttered" public health landscape that has been reformed to achieve greater consistency, equity and efficiencies of scale and practice, established greater clarity on functional roles and responsibilities. So reducing unnecessary duplication in taking forward planning, co-ordination or governance of public health actions on a 'once for Scotland' or 'best for Scotland' basis, whilst maintaining and sustaining effective links with Integrated Joint Boards, Community Planning partners and other public health agencies and organisations across multiple levels in Scotland.

The last two elements of the vision are most clearly aligned to the Public Health Programme.

The PHR endorsed the four domains of public health practice. In recognising these domains, the review also cautioned that these areas of practice are interconnected and should not be developed in isolation or without a full understanding of what constitutes the current delivery of all public health functions across Scotland.

The PHR noted that there was no right way to plan or deliver public health functions. At present the public health functions are concentrated at Board level, whether nationally or locally. Some areas of the public health function(s) already fit a 'once for Scotland' model through a national approach, though these need to be tested further in seeking more effective planning and delivery on a "best for Scotland" basis at local or regional levels and national levels.

Clearly, public health at all levels of planning and delivery could be made more effective and this provides focus for the Public Health Programme to explore the potential for strengthening the public health function.