ScotPHN report

Scottish Public Health Network (ScotPHN)

ScotPHN External Audit – Auditors' Report – Findings and recommendations

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1   Background

ScotPHN was launched in November 2006. It was created jointly by the Scottish Directors of Public Health (SDsPH), NHS Health Scotland (HS) and the Scottish Government Health Directorates (SGHD). ScotPHN's purpose is to provide a mechanism to bring together the necessary public health resources (the fourteen individual NHS Boards, the Special Health Boards, academic public health departments and wider public health agencies, including local authorities and the independent sectors) to:

- o undertake prioritised national pieces of work where there is a clearly identified need;

- o facilitate information exchange between public health practitioners, link with other networks and share learning;

- o create effective communication amongst professionals and the public to allow efficient co-ordination of public health activity; and

- o support and enhance the capabilities and functionality of the SDsPH Group.

1.1   Self-assessment

ScotPHN has undertaken three self-assessments which have looked at its structure, process and outcomes to evaluate how well it has achieved its remit. The assessments have tracked ScotPHN's development in these areas over its life time, identifying that much has been achieved but that some areas in support of its remit remain incomplete. In the main these are related to ScotPHN's engagement with its wider stakeholder environment and its inability to reach those furthest removed from its core stakeholder set (ie SDsPH, Health Promotion Managers) and even some of those (ie Consultants in Public Health Medicine).

It was intended that once the ScotPHN had reached a level of maturity, an external audit would be undertaken which would complement the findings of ScotPHN's self-assessment by providing an objective external perspective on the added value its work brings through meeting its agreed aims and its fitness for purpose as a national resource.

Furthermore the audit would provide an opportunity to identify how the ScotPHN could develop in the future within the context of a changing public health function within Scotland and a prolonged period of financial constraint.

1.2   Audit Process (in brief)

Proposal: During the course of 2012-13 a proposal on how an external audit should be undertaken was developed and ratified by the ScotPHN Executive Board. A

qualitative review would be undertaken through a series of interviews with stakeholders representing ScotPHN's key constituencies.

People involved: Three external auditors were identified broadly representing public health, local authorities and academia. Interviewees were identified from its key stakeholder constituencies, including those involved in its projects.

Review tool: An interview schedule was developed; questions would cover two areas of interest, those identified through the self-assessment for further investigation and those which looked at ScotPHN within a framework of public health delivery based on the WHO Essential Public Health Operations (EPHOs).

Schedule and review arrangements: 15 interviews were arranged over a 4 week period between the three auditors.

Developing the report: Interviews were transcribed and signed-off by interviewees. The auditors met in September 2013 to discuss the main findings and develop the report.

Further details of the interviews can be found in the Appendices.

2 Findings

2.1 Main points arising from interviews

Individual contribution to ScotPHN: The interviewees had different levels of involvement with ScotPHN from none at all to Executive Board membership and/or involvement in its projects. Their understanding of ScotPHN reflected the degree and timing of involvement.

Structure, process and governance arrangements: Interviewees had varying levels of understanding of ScotPHN's structure, process and governance; those who did have a clear understanding felt that these were appropriate for ScotPHN's current function.

Those directly involved with a piece of ScotPHN work eg a project better understood how that part of ScotPHN's methodology worked.

One of the issues on which interviewees were unclear was how ScotPHN projects are chosen and prioritised; some interviewees felt that this could benefit from wider stakeholder involvement in the decision process through better engagement with relevant stakeholders eg Directors of Planning or (additional) membership of the Executive Board eg local authorities. This involvement would also enhance how chosen projects are shaped.

In terms of process, some interviewees commented on the timeliness of delivery. ScotPHN is reliant on 'good will' of the public health community for resource. This may in part explain why one of the issues identified through interviews was the time required for a project being progressed from an idea to ultimate fruition. It was suggested that to maintain the currency of its work ScotPHN needs to be able to more reliably react and be proactive.

Most interviewees were of the opinion that ScotPHN had a very complex set of governance arrangements with multiple relationships for professional accountability (SDsPH), management and Board accountabilities (NHS Health Scotland), and accountability for its quality assurance (ScotPHN Executive Board). Even amongst those who felt the ScotPHN governance arrangements were appropriate, there was a view expressed that these arrangements were overly complicated and could be detrimental to ScotPHN delivery.

Many interviewees responded that the Executive Board membership should be enhanced by representation from local authorities themselves and from the voluntary sector.

Overall, it was thought that the quality of ScotPHN's outputs was good. However, interviewees from the wider stakeholder group felt that the outputs were designed primarily for an NHS audience.

Influence on policy and/or practice: ScotPHN's most recent projects were felt to be highly relevant to current policy and practice to both 'public health/NHS' and 'local authority' interviewees eg the health care needs assessment of older people, guidelines to mitigate against the impact of welfare reform. However, the views of interviewees on how much influence or impact ScotPHN has had were mixed; for example, those involved in the rheumatoid arthritis health care needs assessment did not feel that it had influenced policy as much as had been hoped. Some interviewees suggested that a possible reason for this in certain cases is that ScotPHN's outputs simply do not reach those for whom they are intended, in particular the 'frontline' and that key stakeholders are unaware of ScotPHN's work.

Nevertheless, interviewees were of the opinion that, although the outputs may have varied effect, in principle the mechanism by which they were delivered was good. It was highlighted for example that other organisations may be undertaking eg research or information analysis that can inform relevant stakeholders including the NHS, local authorities, and Scottish Government. ScotPHN was felt to be able to enhance this information and analysis by adding to it and by its ability to make and provide the correct connections with relevant stakeholders around a project. It was thought to be well placed to help embed ensuing findings and recommendations into the system. This was identified as one area of ScotPHN's 'added value'.

Additionally, interviewees recognised ScotPHN's potential for advocacy on public health issues either independently or through the national groups it supports.

Effectiveness of communication and engagement with stakeholders: It was clear from the interviews that the further removed an interviewee was from the ScotPHN's core stakeholders, the less that interviewee knew of or about ScotPHN; those based within local authorities had not heard of ScotPHN or any of its work.

Interviewees were aware of the ScotPHN website (although it is possible that some interviewees were mistaking it for the ScotPHO one), but did not refer to it much, if at all. Few interviewees were aware of the database of public health expertise ScotPHN has developed to better engage with stakeholders and raise its profile.

ScotPHN's secretariat support to national groups was greatly appreciated. The ability for national groups to thus link to the SDsPH was valued.

Engagement and reach: Most interviewees felt that the ScotPHN was primarily a resource for the SDsPH and its work was seen very much as core public health business.

The SDsPH were identified as the main link between ScotPHN and the public health community. However, as in previous comments, it was felt that there should be better and wider communication and engagement so that stakeholders are aware of ScotPHN's outputs. Additionally, given current policy, it was considered helpful that ScotPHN should now further develop more effective engagement with local authorities and CPPs; this would include developing a relationship with the newly appointed Directors of Health and Social Care. In addition, ScotPHN should build its partnerships with public improvement services (eg JIT, Improvement Service) undertaking development programmes in areas related to ScotPHN projects.

The re-establishment of special interest groups in public health by ScotPHN (already underway) was suggested by interviewees. The development for example of the health economists group was particularly welcomed.

The missing voluntary/third sector link was noted and it was recommended that it should be considered and addressed as appropriate.

It was recognised that ScotPHN is ideally suited to provide development opportunities for the wider public health workforce. Interviewees recommended that links with NHS Education for Scotland (NES) could beneficially be further developed.

Essential Public Health Operations (EPHOs): The EPHO framework (published in September 2012) was mostly a new concept for the interviewees. Interviewees were not clear that ScotPHN is active in all the areas identified; they did not disagree that ScotPHN should be involved in the activities described, however, they were concerned that such a small team could achieve all of them. Most did not feel the framework added anything to the work of ScotPHN. In addition it was felt that the use of the framework could encourage an emphasis on ScotPHN's role in supporting core public health work, much of that delivered within the health service sector (from the viewpoint of some interviewees). There was a general view that ScotPHN should clarify its role within the current policy climate of integration in health and social care. The auditors during discussion and in consideration of the responses from interviewees considered that the EPHO framework could inhibit rather than facilitate a greater focus on working with local authorities and on collaborative delivery within CPPs.

3 Discussion

The interviews involved much discussion on public health more widely in Scotland, its current challenges and future direction. The interviews were highly influenced by current policy on the integration of health and social care and the role of public health in Community Planning Partnerships in its delivery. Interviewees also reflected on the increasing constraints on the resources available to public health work and the implications of the referendum on independence for Scotland in September 2014. This provides important context to understanding how ScotPHN could develop to help meet the challenges facing public health in the short to medium term. The auditors have extracted the key themes pertinent to ScotPHN (and within its gift) from those issues which apply to the public health landscape more widely, and have tried not to conflate these with various current issues. These are grouped according to the original aims of the audit: added value; fitness for purpose; and future direction.

Added value: Although awareness of ScotPHN's outputs is varied, there is little doubt as to their quality and relevance to policy and practice. There is some question about quality assurance of outputs and whether academic rigour should be applied as this may reassure wider stakeholders as to their value and the importance of and evidence base for their implementation. However, there is a balance to be struck between refinement of the product and its availability in a timely manner so as to "catch the policy moment". Under these circumstances, the production of a "good enough" product may be ScotPHN's aim.

The way projects are undertaken through a consensus approach was seen as a key advantage of ScotPHN in addressing national issues and this should be built on. The ability to marry up different expertise and elements of public health input eg needs assessment, impact assessment, health economics into a coherent whole is a valuable asset and potentially an important model for public health (ScotPHN already provides an umbrella for sub-networks Scottish Health and Inequality Impact Assessment Network, Scottish (Managed) Sustainable Health Network and Health Economics Network for Scotland). This collaboration could be further enhanced by greater linkages within the public sector out with the NHS where considerable knowledge management and analysis expertise resides. All the more so, since the resources available to all organisations are under increasing strain and wherever possible need to be shared to the advantage of all. ScotPHN's role in enhancing public health knowledge management throughout the system by disseminating public health research and good practice is important and should be strengthened to allow more widespread brokerage of expertise and knowledge into the wider system including especially local authorities. It could provide a role in disseminating or signposting the research of other organisations eg the Glasgow Centre for Population Health, the Scottish Collaboration for Research and Public Health.

ScotPHN is a small resource but this potentially allows it the freedom, independence and flexibility to develop issues of national importance and to explore areas that have not yet received attention from the wider public health community, ie it can get ahead of the curve in a way that larger and more bureaucratic organisations may be unable to do. On the other hand, its small size does leave ScotPHN vulnerable in the current financial climate.

Fitness for purpose: ScotPHN's ability to engage with stakeholders must be considerably enhanced to meet both its current and possible future remit. Although ScotPHN has been successful in engaging around specific projects, it has not been as effective as it could or should be in engaging more widely; it is good at engaging with those it already knows but it has been limited in its capacity to make many connections beyond these existing links. The auditors would advise that ScotPHN's key relationships should be revisited in light of the new challenges facing public health as it seeks to strengthen its knowledge management capabilities.

With this is mind it is necessary to consider issues of governance. ScotPHN's governance is complicated which may be necessary or unavoidable for an organisation that is representing the wider public health community. However, it may be worth revisiting as ScotPHN considers its future development and focus. Tensions may not have arisen yet between NHS Health Scotland, the SDsPH and the Executive Board, but, if these were to do so, ScotPHN's ability to function independently might be compromised.

The composition of the Executive Board's membership is fundamental to its ability to undertake projects and its engagement with stakeholders. As previously highlighted and regardless how it develops, it should seek stronger representation from individual local authorities themselves, including key officer groupings, as well as the third sector.

ScotPHN's ability to resource projects is unreliable in terms of acquiring personnel to undertake work and obtaining financial resource. This impacts on its ability to fulfil its remit and raises questions about its long term sustainability. Consideration should be given to how this should be remedied.

Future direction: There are definite opportunities for ScotPHN arising from possible future developments; integration, including the appointment of Directors of Health and Social Care, and pressure on resources locally and nationally, mean that there will be increased necessity for an organisation with ScotPHN's functionality, the ability to work across organisations, and skill set. However, it should be noted that the integration of health and social care is not the totality of public health and the ScotPHN should be very clear on purpose and implications of any refocusing. As previously described, this will have implications for ScotPHN's current resource and governance.

ScotPHN was seen as being well placed to provide development opportunities for those working in public health. As integration occurs this should be extended to local authorities. The auditors felt that a system of rotation whereby staff in public health and local authorities move between their respective organisations could lead to cross fertilisation and enhance the workforce in the long term; this could become an innovative and integral means of resourcing ScotPHN's projects.

4   Conclusion

The audit has corroborated the findings of the self-assessments undertaken by ScotPHN.

ScotPHN is a small but effective resource that could be better used through stronger engagement and ownership by the public health community it seeks to support. Its team is considered helpful and supportive, providing a wide range of valued resources to a core set of stakeholders within public health in Scotland.

ScotPHN has the potential to maximise everybody's contribution to public health by making essential links and disseminating information. Its resource and approach should be strengthened.

However, it should seek to clarify its focus so it is not spread too thinly with a risk of reduced impact and to consider its role in the new public health community to emerge from integration.   How can the added value it brings currently to the public health community be maintained if it moves into the much larger world of CPP delivery?

The position and governance arrangements of ScotPHN should be considered to ensure appropriate direction and ownership by the users of its work, while maintaining its advantageous way of working and flexibility.

5 Recommendations

The auditors felt there were a range of options available to the ScotPHN, from minor enhancements to more significant changes. These would reflect either a continued focus on supporting the SDsPH or a broadening of its interaction and 'offer' especially in regard to local authorities. However ScotPHN develops, it is important that it communicates its remit and purpose to all relevant stakeholders.

5.1 Essential actions

- ScotPHN requires stability both in terms of its core team and the resource available to it.

  ScotPHN must have more dependable and consistent human resources at its disposal. The input it receives from NHS Boards should be formalised through eg memoranda of understanding, so that release of personnel is explicit, timed, consistent and planned. This should be extended to resources within local authorities if its focus shifts in this direction. This will be facilitated by the delivery of an agenda and outputs which meet the needs of partner organisations.

  ScotPHN's core team should also be expanded to include a Knowledge Manager.

- ScotPHN must decide what its focus and its priorities are and better define its space. Is it to serve the SDsPH or is it to serve the wider public health community across the public and third sectors? Given the opportunities to extend into local authorities it must decide how far its reach should go.

- ScotPHN's governance and key relationships should better reflect its changing focus. Its Executive Board must include strengthened input from local authorities and the third sector.

- ScotPHN must invest more in knowledge management to ensure that its engagement and communication is more effective and far reaching (depending on focus), thus ensuring best use of its outputs. It should seek supportive relationships in this regard with other NHS and public sector organisations. It needs to ensure that its core stakeholders are aware of its work.

- ScotPHN should seek to maintain the advantages it has through being a smaller organisation with relative freedom from bureaucracies able to undertake timely, swift pieces of work keeping "ahead of the curve".

5.2 Future directions

·   The Executive Board should consider how best to maximise ScotPHN's impact and secure its future, considering the critical skill set required for its renewed focus and to ensure effective support. With this end in view, the auditors discussed a range of options for ScotPHN's future for further consideration, which include its enhancement, its absorption into an existing organisation or an enhanced, stand-alone entity. This is not a comprehensive list and any major change would have to be justified by evidence of increased effectiveness.

o   Enhance the current governance arrangements by involving a wider range of stakeholders; and make ScotPHN bigger with increased resource available to it (by the means outlined above) to enable it to be more effective, timely, relevant and consistent.

o   Make ScotPHN bigger as above but simplify the governance structure either by incorporating it further (still as a recognisable unit) into NHS Health Scotland or into the new National Services Scotland strategic business unit, Public Health and Intelligence. The added value of ScotPHN was identified to be its approach and method of undertaking projects in areas of national importance, facilitated by its relative independence from bureaucracy and use of consensus as a way of working. This would have to be assured in any such arrangement.

o   Export the ScotPHN way of working to become the way of working of the established organisations when working in the public health field. The ScotPHN team would then be absorbed into a relevant organisation such as a national board or improvement organisation (eg NHS Health Scotland, NSS, JIT, Health Improvement Scotland, Improvement Scotland).

o   ScotPHN becomes a wholly independent entity (eg social enterprise, public interest company) enabling it to undertake commissions from multiple sources.

6 Appendices

6.1 Audit Proposal

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6.2 Auditors

- o Dr Lesley Wilkie, formerly DPH in NHS Boards in Scotland (Lead Auditor)

- o Prof David J Hunter, Professor of Health Policy and Management, University of Durham

- o Mr Colin Mair, Chief Executive, The Improvement Service for Scottish Local Government

6.3 Auditees

Representation	Interviewee	Designation and Organisation
Director of Planning	Alex McMahon	Director of Strategic Planning, Performance Reporting and Information NHS Lothian
Medical Director (Special Board)	Martin Donaghy	Medical Director, Health Protection Scotland, National Services Scotland
Aligned / public health network North of Scotland Public Health Network	Margaret Somerville	Director of Public Health NHS Highland
NHS Health Scotland	George Dodds	Director of Delivery NHS Health Scotland
CoSLA	Ron Culley	Chief Officer – Health and Social Care
Academia & ScotPHN project group	Sarah Wild	Professor of Epidemiology, University of Edinburgh and Honorary Consultant in Public Health, NHS Lothian
Health Promotion Managers	Lesley Marley	Directorate Manager, Public Health NHS Tayside
Scottish Government	Mark O'Donnell	Deputy Director Quality Unit Head of Planning and Quality Division Health & Social Care Directorates Scottish Government
Consultant Public Health Medicine	Alan Mordue	Consultant in Public Health Medicine NHS Borders
Association of Directors of Social Work	Stephen Moore	Interim Director of Health and Social Care Partnership Fife Council

Medical Director (NHS Board)	Jennifer Armstrong	Medical Director NHS Greater Glasgow & Clyde
ScotPHN Project Sponsor	Eddie Coyle	Director of Public Health NHS Fife
ScotPHN Project Lead Author	Martin Perry	Consultant Rheumatologist NHS Greater Glasgow & Clyde
Consultant Dental Public Health	Maura Edwards	Consultant in Dental Public Health Medicine NHS Ayrshire & Arran
SOLACE	Colin Mackenzie	Chief Executive Aberdeenshire Council

6.4   Assessment tool

EXTERNAL AUDIT OF SCOTPHN – INTERVIEW SCHEDULE

Background

The Scottish Public Health Network (ScotPHN) was launched in November 2006. It is a national network with a remit that requires it to:

- undertake prioritised national pieces of work where there is a clearly identified need;

- facilitate information exchange between public health practitioners, link with other networks and share learning;

- create effective communication amongst professionals and the public to allow efficient co-ordination of public health activity; and

- support and enhance the capabilities and functionality of the Scottish Directors of Public Health Group.

Since it was launched ScotPHN has pursued a programme of continuous improvement through self-assessment. Three have been undertaken using a process which focuses on structure, process and outcomes. Audit criteria, developed from the original papers setting out what a Scottish public health network should achieve, are scored and supporting evidence provided. These self-assessments show that ScotPHN has for the most part succeeded in meeting the criteria established.

Given that these criteria were identified several years ago, in 2012 it was agreed that it would be timely to subject ScotPHN to external audit and build this into the work programme for 2013-14. It is expected that this independent view will complement the findings of ScotPHN's self-assessment by providing an objective external perspective on the added value its work brings and its fitness for purpose as a national resource.

Furthermore the external audit is an opportunity to identify how the ScotPHN should develop in the future, within the context of a changing public health function within Scotland and what is expected to be a prolonged period of public sector austerity.

The Audit Format

The audit will be undertaken in a manner similar to that adopted by Audit Scotland. Key stakeholders in ScotPHN have been invited to be participate in interviews covering three key areas.
- ScotPHN's functionality and outputs, exploring various aspects of ScotPHN's governance, process and structure.
- The outcomes of ScotPHN's work programme and projects in terms of providing added value to a given area generally or specific to the interviewee.

- ScotPHN's contributions to Scotland's Public Health function, as defined within the EU Framework of Essential Public Health Operations.

The ScotPHN Executive Board has appointed three external auditors with the necessary experience and expertise to undertake the audit. These are:

1. Dr Lesley Wilkie, *formerly* DPH in NHS Boards in Scotland (Lead Auditor);
2. Prof David J Hunter, Professor of Health Policy and Management, Durham University; and
3. Mr Colin Mair, Chief Executive, The Improvement Service for Scottish Local Government.

To help with capturing the data from the interview, the auditors will be recording the session. A transcript will be prepared and agreed between the auditor and individual participants. All transcripts will be confidential. They will be destroyed once the audit is complete and has reported. The confidentiality of the participants will be assured at all times and any comments or observations used in the final report of the audit will be appropriately anonymised.

ScotPHN's functionality and outputs

Please read the document entitled "Scottish Public Health Network (ScotPHN) Bi-Annual Report January 2013" and have reflected on these questions before the interview.

1. What do you understand about ScotPHN's structure, process and governance arrangements?

2. Do you think ScotPHN's project outputs/reports have influenced policy and/or practice? Can you provide an example?

3. Are the means ScotPHN uses to communicate and engage with stakeholders effective?

4. Who engages with ScotPHN and for what reasons? Should ScotPHN's reach be reduced or extended?

5. Have you contributed to ScotPHN? If so, how?

ScotPHN's contributions to Scotland's Public Health function, as defined within the EU Framework of Essential Public Health Operations

Please read the document entitled "Scottish Public Health Network Provision of Essential Public Health Operations and Collaborative Services" and have reflected on these questions before the interview.

1. What do you consider to be ScotPHN's main roles / functions within Scotland?

2. How good a "fit" is the statement of ScotPHN's Essential Public Health Operations provided to its remit and work?

3. What priority should ScotPHN be giving to:
   a. national project work?
   b. developing and sustaining public health collaboration?
   c. supporting innovation in public health work?
   d. advocacy?

4. Are there any EPHOs that ScotPHN should stop undertaking?

5. What do you consider to be the major challenges to ScotPHN over the next 3 to 5 years?

6. Any final thoughts or observations on ScotPHN, its work and its development?

THANK YOU FOR YOUR PARTICIPATION

6.5 Provision of Essential Public Health Operations and Collaborative Services

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