PUBLIC HEALTH REFORM OVERSIGHT BOARD (Paper 3.4)

NEW PUBLIC HEALTH BODY – KEY CONSIDERATIONS

Purpose

1. To support a discussion and seek advice on key considerations in establishing a new public health body for Scotland. This paper sets out several questions which the programme will be considering in the coming weeks. The Oversight Board will not be able to address each of these in detail, but reflections and comments will be useful in shaping the programme's work.

Background

2. At its first meeting, the Oversight Board noted the intent to establish a new public health body as set out in the Scottish Government's Public Health Review[1] and subsequent Health and Social Care Delivery Plan.[2] In line with the strategic direction set out in those documents, the Oversight Board has been clear that we need to make best use of the national professional assets that currently exist to support the shift to prevention and to tackle health inequalities. This will mean reorganising existing assets to build a critical mass, strengthen leadership and provide enabling support in response to local priorities and local partnerships.

3. In order to achieve this, the new body must be able to reach across and respond to the wider public sector – and our solution will need to evolve over time and will require on-going consideration of roles and functions. In the first phase of reform, and as detailed in previous papers, it is proposed that the new body is initially comprised of NHS Health Scotland, Health Protection Scotland and Information Services Division, and has responsibility for the functions of health protection, health improvement and healthcare public health - all of which will be underpinned by functional responsibility for public health intelligence. Ministers and COSLA politicians have now agreed these proposals and an Executive Delivery Team has been established to manage the design and transition to the new arrangements.

4. Our outline vision for the whole system reform of public health (which we shared with the Oversight Board in October and have recently revised – see paper 3.6) and our agreed design principles (see Annex A) make clear that we want a fundamentally different approach and that a new body will need to look, feel, and be different to be fit for purpose into the future and deliver on our ambitions for public health. Importantly, it will need to reach far beyond the NHS, and be meaningfully accountable to both national and local government. The new body will also need to be functioning within a reformed and reoriented system which supports localities to develop their own approaches to local population health challenges and to make best use of national assets, including wider public sector data. The way the body operates will therefore need to support a bottom-up agenda, with local partnerships able to work with the body to agree how it will provide support for local agendas, while also ensuring any national activities continue to be delivered effectively.

5. If we are to achieve these ambitions, there are a number of strategic issues which must be at the heart of a successful reform agenda and therefore require early consideration. This paper sets out those issues in more detail and invites Oversight Board members to discuss and provide advice on how we make real our ambitions in relation to:

    - Governance and accountability
    - Influencing culture and behaviours
    - The relationship between national and local activity

[1] http://www.gov.scot/Resource/0049/00493925.pdf
[2] http://www.gov.scot/Resource/0051/00511950.pdf

- Harnessing public sector data and intelligence

Discussion

Governance and Accountability

6. We have reached political agreement that, if possible, the most expedient mechanism for establishing the new body may be to constitute it as a Special Health Board, thus avoiding the need for primary legislation which would significantly delay the reform process and the implications of TUPE / COSOP. Taking that model as our working assumption, the overarching question we face is:

- How within the legal framework of an NHS Board, can the governance and delivery model for the new body be designed to include meaningful accountability to both national and local government?

Further questions that will need to be considered include:

- How might the board and/or senior management team of the new body be constructed to secure accountability to both national and local government, and constructive challenge from stakeholders?
- How might local government at the collective level have meaningful oversight of the strategic priorities and plans for the new body, while accepting the need for independent national leadership from the body and its Chief Executive?
- What tools might we use to secure meaningful accountability – e.g. memoranda of understanding, joint appointments, joint/dual line management?
- If legal advice suggests primary legislation is needed in relation to creating a new Special Health Board, should we take this opportunity to consider an alternative delivery vehicle, more formally upstream of the NHS?

COSLA and Scottish Government politicians have been clear that they intend this new body to be 'fundamentally different' and to ensure that the governance also reflects this joint approach to public health in the round. There may be soft and hard ways to address this and learning which can be taken from across the public sector with regards to what actually works.

Influencing culture and behaviours

7. Governance aside, it is important that the new body represents more than simply the merging of three NHS workforces. It must look, feel and be perceived as something fundamentally new and different which sees existing national assets become more local-facing and which enables us to harnesses capacity from across the public and third sectors by supporting local partnership activity. To do this, it will be necessary to ensure the body and its staff see themselves, and are seen by others, as a partnership entity rather than an NHS entity.

8. Building the right culture and behaviours from the start will be key to success and the appointment of two Co-Directors, one with a local government background and one with a health background, to manage the transition arrangements has been an important first step in setting the right tone. However, there is a need to consider what additional steps will be necessary to embed a unified culture of actively seeking challenge and opportunities to do things differently, and of developing strengthened relationships with communities and local partnerships. Key considerations in this respect include:

- How can we ensure that the new body is seen to be a public sector body in its widest sense, rather than a body of any single part of the public sector?

- How can we ensure staff within the new body see themselves as a unified and public sector workforce, with a shared culture, and that behaviours model that culture?
- How can we ensure that wider public and third sector partners, and communities themselves, know what to expect from the new body in terms of culture and behaviours and are empowered to forge working relationships on that basis?
- How do we ensure that partner organisations across the public sector also evolve culture and behaviours to work with the new body and 'own' the public health agenda?
- What lessons can be learned from other reform, change management and/or organisational development processes Oversight Board members may have experience of?
- What opportunities might arise within the design of the new body to influence culture – for example, looking across the public sector for the provision of back office functions and shared services?

The relationship between national and local activity

9. The public health reform agenda – both the priorities and the way the new body operates – needs to support a bottom-up agenda, while also ensuring any national activities continue to be delivered effectively and in a way that 'de-clutters' and simplifies the national public health landscape. In order to be successful and credible, the new public health body will need to balance these two delivery aspects while being open to challenge and considering new models of delivery. This will include providing capacity and capability to ensure national and local decisions and interventions are intelligence and evidence led, and responding to the needs of local strategic planning and partnership activity - with local partnerships able to work with the body to agree how it will provide support for local agendas.

10. The Public Health Reform Programme Team is working to map current public health functions and capacity into a blueprint, drawing on previous scoping work in this area, and will bring a fuller paper to the next meeting of the Oversight Board. This work will be key to considering which functions are best delivered at what level and the Executive Delivery Team will formulate specific proposals as the wider reform agenda progresses. In the meantime, there are some higher-level questions that it would be useful to consider to help inform this work and the Oversight Board are invited to share their views on:

- What specific arrangements might be put in place to ensure the new body is responsive to local strategic planning needs in a way that builds momentum and support for stronger local partnerships?
- Do we currently have the right balance between national professional expertise and local capacity?
- What opportunities exist to deploy professional expertise differently, and how can we ensure CPPs are able to secure customised support?
- How should the new body work collaboratively to empower communities as active partners in addressing local challenges and developing local approaches to improving health and tackling health inequalities?

Harnessing public sector data

11. The new body will bring together significant data assets and a core function will be to provide intelligence-led support, drawing upon a critical mass of data. This will initially be NHS data, however the Oversight Board have been clear that we should be open to strengthening the new body's access to wider public sector data over time. This may include data currently held in other parts of the system (e.g. other parts of Scottish Government and in local government, data currently corralled by improvement bodies such as the Improvement Service). This would both ensure that NHS data is understood as public sector data which can be utilised more effectively into the future, and allow us to make best use of data currently held across various

parts of the public sector – including by more rapidly analysing large amounts of data and using it in more innovative ways.

12. It will be important to ensure appropriate linkages to the COSLA-Scottish Government Digital Health and Social Care Strategy, broader Scottish Government Digital Strategy, and the Local Government digital agenda going forwards – not least because these will consider issues relating to data ownership and sharing protocols, as well as IT infrastructure. In the meantime, Oversight Board members are invited to share their views on the following key considerations to help inform thinking on potential future developments:

- Which data sets might be reasonably and helpfully considered for inclusion in the new arrangements and why?
- What partnerships might be required, for example across the public, academic and commercial sectors, to secure access to data and to collaborate and innovate in relation to its use?
- What type and level of data is required to support public health activity, for example neighbourhood level data, and where are there known gaps?
- How might we ensure data is seen as public sector data and is available to the public sector, while maintaining clarity around roles and responsibilities in relation to collection of data?
- How can we ensure that the data is connected to national improvement support functions?

Conclusion

13. The Oversight Board is invited to reflect on the key questions and considerations set out in this paper, drawing on the wide range of experience and expertise that exists across the group. We are still in the early stages of designing the new public body and it is not proposed that the Board makes any decisions regarding the points outlined above at this stage. Input is sought in order to inform and challenge the team's thinking going forwards and to help ensure the reform agenda explores how we might do things differently.

14. The Executive Delivery Team, with the support of the Public Health Reform Programme Team, will use the insights gained to inform discussions with stakeholders and bring back relevant proposals in line with the Programme Brief and Plan.

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ANNEX A

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 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.