

PUBLIC HEALTH REFORM OVERSIGHT GROUP (Paper 1.6)

SHARED SERVICES PUBLIC HEALTH PROGRAMME: FUTURE GOVERNANCE AND MAINTAINING MOMENTUM

SITUATION

The Shared Services Public Health Programme has been in place since May 2016 and has established good momentum towards achieving the outputs expected from it since establishment. The governance arrangements for the Programme have been with the NHS Board Chief Executive's Group, like other shared services programmes.

A paper to the NHS Board Chief Executive's Group (CEOs) in March 2017 recommended a refocused approach for the shared services health portfolio within which a Public Health Shared Services programme is situated. The paper highlighted that whilst the work of the public health programme was important and relevant, it did not necessarily 'fit' with the priority of delivering savings and financial efficiencies for NHS shared services in the short term and would align better with the arrangements to establish the new public health body for Scotland. The CEOs agreed that the focus for the shared services health portfolio should be on the programmes that deliver the biggest return on that investment in the near future. Although the public health programme is underpinned by the key principles of shared services i.e. effectiveness, efficiency and sustainability but may not be able to contribute to any efficiency agenda in the short term therefore it should no longer sit within the Shared Services programme, and as such should be reconsidered going forward in relation to its governance and resource arrangements.

The refocusing of the shared services health portfolio is an opportunity to align the public health programme with the arrangements for the establishment of a new public health body and other strategic public health reform activity. It is recognised that the Public Health Reform Oversight Board (PHROB) is now the strategic level governance group for public health reform activity in Scotland and may be an obvious potential home for the Public Health Shared Services Programme work. However, the PHROB and its relevant work is still in its early stages, effectively meaning that the Public Health Shared Services Programme is currently operating in a period of transition with no definitive arrangements for its future governance and no identified resource. As a result of this the momentum, stakeholder engagement and value of the outputs from the programme are now at risk.

Therefore, the purpose of this paper is to seek a view from the Oversight Board on different options including integrating some or all of the shared services work within the strategic public health reform activity, under the governance of the Oversight Board, following a managed transition from the NHS shared services arrangements.

BACKGROUND

The findings of the Public Health Review in Scotland (PHR) were published in February 2016 and its recommendations (69, 138) specifically highlighted the importance of delivering public health functions through a shared service approach (for example, in relation to Health Protection). It was expected that the programme

PUBLIC HEALTH REFORM OVERSIGHT GROUP (Paper 1.6)

would be initiated to explore best ways for improving the planning, co-ordination, and delivery of Public Health functions in Scotland.

Therefore, the Shared Services Public Health Programme was initiated in May 2016 within the Health Portfolio of the wider shared services programme commissioned by the NHS Chief Executive Officer's (CEO) Group co-ordinated by the NHS NSS. Governance and project resources were arranged and sourced within the NHS NSS shared services health portfolio mechanisms reporting to the NHS CEO group.

The aim of the programme is to identify new functional models in order to strengthen impact, efficiency, partnership working and leadership for public health that will reduce unnecessary duplication and inefficiencies on a 'once for Scotland' or 'best for Scotland' basis, mainly but not exclusively within the NHS. The focus is on the efficient delivery of public health functions for which national and territorial NHS Boards are accountable. An overarching aim is also to strengthen the public health contribution to the delivery of the NHS strategic priorities e.g. National Clinical Strategy, Realistic Medicine, national and regional planning of healthcare services, and the shift from acute to community and primary care based healthcare.

The projects within the programme were identified through a substantial stakeholder engagement exercise undertaken by the NSS shared services programme team and Scottish Public Health Network (ScotPHN). The outcome of the engagement exercise was identification of 6 projects or work streams, they are:

1. A Scotland-wide day-to-day Health Protection on-call arrangement.
2. National planning and commissioning of population screening programmes (In order to achieve the maximum benefit, this project has been aligned into the new Scottish Screening Committee governance arrangements structures and is not considered as part of this paper).
3. National and regional specialist commissioning support for health service planning.
4. National development, maintenance and analysis of Public Health Intelligence.
5. National public health knowledge service supporting knowledge into action.
6. Wider public health engagement and identifying new ways of working in delivering public health functions at regional and other levels.

An overview of all the projects can be found in **Appendix A**.

The projects have been ratified by the Scottish Directors Public Health Group and each work stream is co-led and co-ordinated by a Director for Public Health. They all have high level representative working groups and timelines for completion of their objectives by mid-2018, with some expected to complete earlier than that.

Resources

Project management, administrative and senior management resource and expertise to support the Public Health Shared Services Programme is currently provided and funded by NHS NSS shared services budget. Some in-kind help from NHS Health Scotland as well as PHI (NSS) has also been provided, and the co-ordinators of each of the work streams (mainly DsPH) are also helping with their time.

PUBLIC HEALTH REFORM OVERSIGHT GROUP (Paper 1.6)

Based on the previous year's activity to, the cost of the salaries of the relevant team members (mainly part-time) and for engagement activities amounted to no more than £75k.

The Public Health Programme team is made up of the following people:

- Professor Mahmood Adil Public Health Programme Lead (in-kind from the NSS)
- Dr Brian Montgomery Shared Services Health Portfolio Director
- Christine Duncan Subject Matter Expert (in-kind from the Health Scotland till August 2017)
- Kim Walker Programme Manager
- Suzanne Tate Project Manager
- Hazel McGhee Project Support Officer

ASSESSMENT

The public health programme is well established and has been endorsed by a number of stakeholders including; NHS CEO Group, SDsPH, ScotPHN and the Faculty of Public Health in Scotland. Its projects are largely confined to those elements of public health for which NHS Boards are accountable, although some work streams encompass wider aspects of public health. A common driver for all of the projects is the anticipation that they can deliver benefits in the short to medium term and therefore act as enablers for the new public health body and the public health priorities for Scotland. It is obvious that each of the 5 projects / work streams are relevant to work to establish the new public health body. All involved are keen that the programme is not paused and momentum lost.

Following the discussion that the programme should no longer sit within Shared Services, clarity is now needed regarding ongoing governance for the programme and how its resource and support requirements will be sourced going forward.

Options

Here are some options for the PHROB members to consider for securing the continued momentum, outputs and governance of the shared services public health programme:

1. Status Quo i.e. continue to report to the NHS CEO group through shared services mechanism until new governance arrangements are in place. This option is based on the assumption that the CEO group is content and fully engaged in developing the public health function under the shared services portfolio, and are content to continue providing resources – however that appears unlikely.
2. Entirely standing-down or doing nothing with some or all of the Shared Service projects and/or focussing on priority workstreams within available resources. This is based on the assumption that the projects are not sufficiently worthwhile (in spite of the endorsement of the relevant stakeholders) or there is no funding to continue the work. However even a reduced number of workstreams would require some governance structure to report into.
3. Integration with Public Health Reform work and accountability through the PHROB. This is based on the assumption that the projects would explicitly report into, and

PUBLIC HEALTH REFORM OVERSIGHT GROUP (Paper 1.6)

become part of the programme structure for the public health reform agenda and will be resourced from it accordingly. This approach might include an element of option 2 – i.e. prioritising workstreams.

4. Dual reporting and governance arrangements: This is based on the assumption that accountability for progress remains ultimately with CEO group (albeit not through the Shared Services programme), given the NHS focus of the projects but at the same time enables the PHROB to receive progress reports, consider and where necessary approve the outputs from the projects ensuring alignment and coherence with national arrangements. This may further mean sharing the resources to deliver on that option, and it would require the CEO group to be willing to maintain a Governance function for public health, which would need to be tested.

There may also be other options which the Board can identify.

RECOMMENDATION

The Board's view is sought on the best approach going forward to the governance and resourcing of the established Public Health Shared Services workstreams.

Note: This paper has been produced by the Shared Services Public Health Programme Team and will be presented by Colin Sinclair (NSS CE) at the Public Health Reform Oversight Board meeting, in collaboration with Gareth Brown.

PUBLIC HEALTH REFORM OVERSIGHT GROUP (Paper 1.6)

APPENDIX A

The table below provides a summary of each project

Work Streams/Projects	Status	Estimated Timescale for Delivery	Lead/Co-lead
Project 1 Delivering the out of hours, health protection on-call arrangement.	Other UK models are currently being analysed. A survey is being drafted Current on-call standards are being reviewed <i>1st WG meeting scheduled for 9th June.</i>	March 2018	Dr Tim Patterson Dr Syed Ahmed
Project 2 Co-ordination of national public health screening programmes.	The work has been integrated into the screening review work being led by the Scottish Screening Committee. <i>1st WG meeting scheduled for 7th June.</i>	October 2017	Dr Julie Cavanagh Carol Colquhoun
Project 3 Supporting national and regional health service planning.	A baseline survey has been sent out to gauge what is currently being done by public health staff to support national and regional healthcare planning. A briefing on the role of public health within regional and National Health Care planning is being developed. <i>Next WG meeting scheduled for 21st June.</i>	March 2018	Dr Graham Foster Dr Maggie Watts
Project 4 Development, maintenance, and analysis of public health intelligence.	A survey is being finalised for issue which Builds on the Centre for Workforce Intelligence Report, <u>Mapping the core public health workforce in Scotland</u> . It is intended to generate an overview of those who produce public health intelligence. <i>Next WG meeting scheduled for 14th June.</i>	March 2018	Dr Gerry McCartney Dr Hugo Van Woerden
Project 5	<i>1st WG meeting scheduled for 26th June.</i>	July 2017	Phil Mackie

PUBLIC HEALTH REFORM OVERSIGHT GROUP (Paper 1.6)

Planning and co-ordinating accesses to public health knowledge services to support knowledge in action.			Professor Alison McCallum
Project 6 Developing regional and new ways of working	Proposals and criteria for options for new ways of working are being developed. <i>Next WG meeting scheduled for 7th June.</i>	March 2018	Susan Webb Dr Linda de Caestecker