

Public health reform

Strengthening and re-focusing the public health function in Scotland



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# Public Health Reform Programme Leadership for Public Health Research & Innovation Commissioning Brief



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## 1. Purpose

To commission ScotPHN to co-ordinate work to plan for a research and evidence function at national level within the new public health body; and in turn, describe how this will support and enable activities at the regional and local level across the wider Scottish public health system and engagement with the UK research funding and public health research landscape.

## 2. Draft Vision for the Public Health Reform Programme

*“A Scotland where everybody thrives”*

## 3. Draft Mission for the Public Health Reform Programme

*“To lead, drive, support and enable a public health system fit for the challenges of the 21<sup>st</sup> century”*

## 4. Draft Goals for the Public Health Reform Programme (the desired result):

- Be a world leader in improving the public’s health and preventing disease.
- Reduce health inequalities.
- Local systems are empowered and solutions to local health challenges are co-produced with local communities.
- Establish joined up ways of working at all levels and across the whole system.
- Protect the nation from public health hazards and work towards a sustainable environment.
- Identify, prepare for and respond to public health emergencies and challenges.
- Share data, information and expertise to improve our shared understanding of public health challenges and to come up with answers to public health problems.
- Continuously improve the quality, safety and effectiveness of the services we deliver.
- Design and deliver joint policy initiatives that have the capacity to have the biggest impact on prevention, early intervention and improved health.
- Whatever the setting, provide services to the highest standards of quality and safety, with the person at the centre of all decisions.

## 5. Draft Values for the Public Health Reform Programme (standards of behaviour we believe in):

- Excellence: a dedication to excellence in our pursuit of health equity and social justice.
- Leadership: work collaboratively to establish cutting edge leadership practice that maximises the impact of our shared endeavour across the whole system.
- Results: using evidence and data to increase the impact of public health and population health practice.
- Innovation: identifying, creating, testing, and advancing idea-driven and high-impact solutions.
- Service: A duty to provide the highest levels of service to public health internationally, nationally and locally.
- Integrity: maintaining a high level of trust, honesty, and accountability.
- Ethics: a commitment to the highest standard of ethics and integrity.
- Diversity: a promise to respect human differences in all aspects of our mission.

- Facilitation: building respect, understanding, consensus and partnership working across the whole system.
- Passion: continuing a strong commitment to the public health community.
- Performance: helping people and organisations use data and information to improve practice.
- Reach: working across disciplines and sectors to enhance individual and organisational capacity and capabilities.
- Outcomes: connecting individuals and organisations across multiple disciplines and sectors to improve the health of communities.

## 6. Scope of commission

Population health is substantially driven by the wider social and environmental determinants of health. Action to protect and improve population health requires a focus on the distribution of health and its determinants and to focus on health inequality. Thus, in line with much of what is proposed in the 2015 Public Health Review, the scope of what is included in any consideration of 'public health research' and 'academic public health' must be broad, and include a wide variety of research, evidence, methods of evaluation and stakeholders from the full range of sectors, organisations and disciplines that can influence population health and wellbeing. This view is strongly supported by the analysis of the Academy of Medical Sciences report 'Health of the Public 2040' which provides a useful reference point for discussions on future-facing public health system reform<sup>1</sup>.

Each of the three domains of public health practice (health improvement, health protection, and integrated health and care) are interdependent with factors outside the health service sector and thus a fit-for-purpose population health system should not be designed principally around the traditional organisations and professions concerned with the delivery of the public health function. The corollary is that population health research and intelligence needs to broaden its horizons from the methods, disciplines and organisations traditionally engaged in public health research and, most notably, to increasingly focus on interdisciplinary, co-produced and applied research.

The use of evidence and data is crucial at local level, and much of the most promising innovation in practice also occurs at that scale. The co-ordination and integration of public health research, however, needs, principally, to be considered at national and regional level. Notwithstanding this, access to, engagement with and the valuing of evidence, research and data by all members of the broader population health system with the skills to engage, define, and co-produce research and interpret evidence is a critical element of any system that we should aspire to. With this in mind, work is now required to define the research and evidence function in the new public health body and how that could most effectively be organised, skilled and interact with the NHS, academic public health research and wider public health system, and engage effectively with research funding bodies to address the research and evidence needs. Building and expanding on the findings of the 2015 Public Health Review, we need an approach to research:

- which achieves co-ordination of academic public health in Scotland (and is well connected to the wider UK public health research and evidence system), building on successful models of collaboration in other fields, to develop a more strategic collaborative mechanism for public health research in support of the public health priorities for Scotland;
- which responds to technological developments;
- which puts knowledge creation and mobilisation at the heart of what it does, fostering an environment for exchange of information, expertise and (potentially) training and resources between organisations;
- which fosters an environment for exchange of information, expertise and (potentially) training and resources between organisations; and

<sup>1</sup> <https://acmedsci.ac.uk/policy/policy-projects/health-of-the-public-in-2040>

- where priority is placed on ensuring that public health policy and practice is where ever possible underpinned by research and evidence, and that the research and intelligence functions in public health are focussed on being policy and practice-relevant. This will require culture changes within policy, delivery and research organisations, as well as collaborative action to build the evidence base, incorporate a range of types of evidence and methodologies for evaluation, and to demonstrate the effectiveness and value for money of public health approaches.

## 7. Blueprint

The Public Health Reform (PHR) programme team have combined the outputs from the 2015 Public Health Review and the learning from the recent ‘think piece’ commissions into a map of the expected capabilities that the reform programme is expected to achieve (the blueprint). Annex A sets out the capabilities in the blueprint relating to Leadership for Public Health Research and describes our working understanding of how things look today and what we expect things to look like in the future. This future state must be capable of achieving the desired outcomes and benefits we have set out in our programme design principles (see Annex B).

## 8. Objectives for this commission

Building on the learning from the earlier research ‘think pieces’ work, the Public Health Reform Programme Board would now like the following objectives achieved by this commission:

1. ScotPHN, identifying and working with a small working group, to co-ordinate the planning of two or more workshops for the range of stakeholders in this area this should include experts from outside Scotland with experience in multi-disciplinary, multi-institutional public health research partnerships;
2. The wider stakeholder group to develop proposals for addressing the gaps and constraints (including those related to the key skills within, assets and attributes of the new body), and for taking up opportunities, in order for the new Public Health Body to provide, commission, co-ordinate, and participate as appropriate within the wider public health system, and in particular between policy, practice and academia.
3. A national coordination of research, knowledge exchange and collaboration function, working with the wider system;
4. Identification of any other aspects of research that should be considered within the new body in order to support improvements in health, health protection, and reductions in health inequalities. This includes, but is not limited to, research, and knowledge mobilisation, to be undertaken directly or commissioned by the new body;
5. Identification of any other aspects of research that should be considered within the new body in order to support improvements in health, health protection, and reductions in health inequalities. This includes, but is not limited to, research to be undertaken directly or commissioned by the new body and its potential role in public health research capacity and training.

## 9. Deliverables

**Deliverable 1** - Documentation setting out membership of the working group, and a plan to develop and a timeline for draft and final deliverables.

**Deliverable 2** – Documentation outlining proposals for wider stakeholder involvement in designing proposals for the new body.

**Deliverable 3** – Documentation outlining options/ proposal for how the leadership in public health research should be delivered in the new body and any associated timescales, costs and resources required.

## **10. Outline Delivery Plan**

Dates for the submission of draft and final deliverables are to be advised by ScotPHN as set out at Objective 1 above.

## **11. Stakeholders**

The PHR programme team have identified a number of stakeholders that could be involved in delivering the commission, consistent with our commitment to develop a whole system approach to improving the public's health. Further information can be found in the Communication and Engagement Strategy circulated with this commission.

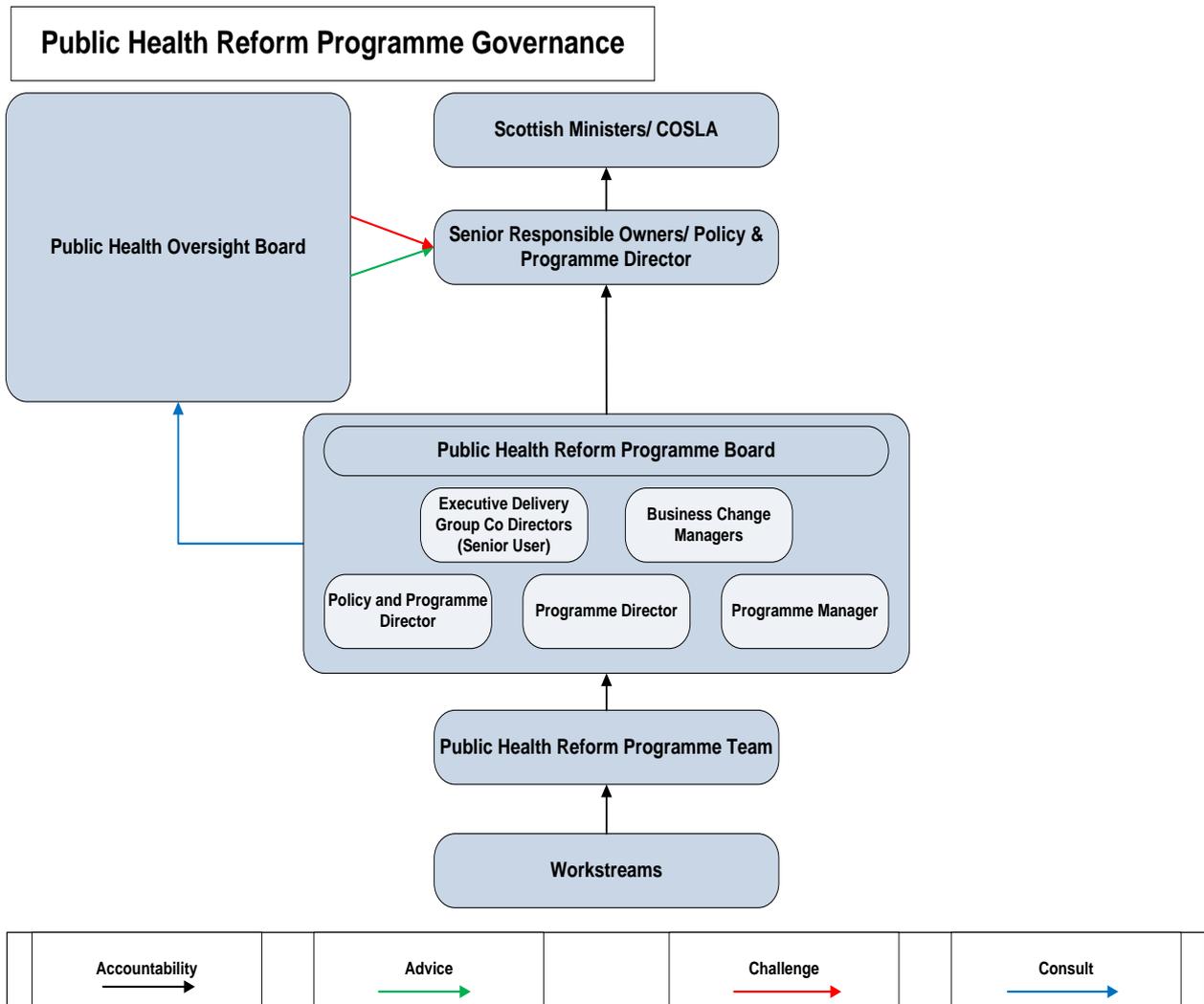
## **12. Other National Strategies and Programmes**

The programme board recognise that some related national programmes and strategies have been commissioned and are either underway or about to start. In order to ensure alignment, the programme board anticipate that this commission will identify and link with and reflect (where appropriate) the work, evidence and related findings of other relevant strategies and programmes:

This commission should also take particular note of the Academy of Medical Sciences report 'Health of the Public 2040' (referenced within section 6).

## **13. Governance & reporting**

The ScotPHN project team will report to the programme board via the programme team as outlined in the governance structure below.



Monthly progress reports will be required and should be submitted to Amanda Trolland ([publichealthreform@gov.scot](mailto:publichealthreform@gov.scot)) in the programme team.

## 14. Support

The programme board recognise that delivery of this commission will require related support and guidance and have instructed the programme team to help commissioned organisations, as appropriate, in taking forward commissions. The programme team will shortly be appointing a finance co-ordinator to offer related advice and support (for example, in relation to “as is” and “future state” budgeting and related due diligence work) and they will also look to bring forward other experts as needed in areas such as finance, IT, human resources and communications and engagement, where such resource is not readily available within the project team formed to deliver the commission.

# ANNEX A – Draft Public Health Reform Blueprint



## ANNEX B - 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 21<sup>st</sup> 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.