

Public health reform

A Scotland where everybody thrives



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Public Health Reform Programme Specialist public health workforce Commissioning Brief



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1. Purpose

To commission a short life working group to co-ordinate work to identify and assess options for the specialist public health workforce arrangements across Scotland.

2. Vision for the Public Health Reform Programme

“A Scotland where everybody thrives”

3. Mission for the Public Health Reform Programme

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

4. 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. 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

Public health is a multidisciplinary specialty in the UK, currently overseen by four Regulators: the General Medical Council (GMC), General Dental Council (GDC) UK Public Health Register (UKPHR) and the Royal Environmental Health Institute Scotland REHIS.

The current workforce was described in the responses to the 2015 Public Health review as being highly skilled, professional, knowledgeable, committed and enthusiastic (Griesbach & Waterton, 2015). Other qualities included objectivity, the ability to offer an independent view and voice, advocacy for the public health function, flexibility, adaptability, and responsiveness. (Griesbach & Waterton, 2015). The CfWI report - mapping the core public health resource in Scotland (Centre for Workforce Intelligence, 2015) - shows a relatively small (compared to NHS staffing), but nevertheless significant, core and specialist public health workforce in Scotland. However, the public health workforce is dispersed, risks further dilution, and lacks a clear programme and structure for development. In addition some aspects of our public health endeavour are currently experiencing significant challenges with resilience and capacity.

The environment health workforce is employed within local authorities and constitutes a small but highly skilled group of staff who have very specific statutory responsibilities in relation to public health. They are facing significant challenges in relation to both capacity and in relation to succession planning given their current age profile.

With this in mind, work is now required to consider how our specialist public health workforce – public health doctors, dentists and specialists including environmental health officers - should be best organised in Scotland to most effectively meet the needs of national, regional and local partners and customers, and to deliver the most effective and efficient public health function for Scotland going forward.

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 optimising the public health specialist workforce 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 public health workforce ‘think pieces’ work, the Public Health Reform Programme Board would now like the following objectives achieved by this commission:

1. Establishment of a short life working group
2. This SLWG to:
 - Identify the range of possible options for organisation of the specialist public health workforce, CPHMs, CDPHs and other specialists, including their employment and deployment;

- Review models of specialist public health workforce arrangements implemented and operating elsewhere, including other parts of the UK, and consider the learning from these
- Consider any other relevant material
- Link with the other Public Health Reform commissions that have specialist workforce implications and ensure specialist workforce aspects within these commissions are taken into consideration;
- Take into account views the range of relevant stakeholders.
- Assess the options against which would deliver the most effective, efficient and resilient specialist public health function;
- Consider the specific role of the Director of Public Health and how that that can be most effectively delivered;
- Provide to the Public Health Reform Programme Board with options/ proposals for how the specialist public health workforce in Scotland should be organised.
- Identify any other aspects of specialist public health workforce that should be considered within public health reform programme in order to support improvements in health, health protection, and reductions in health inequalities.
- Provide recommendations on the organisation of the environmental health workforce for both the Public Health Reform Programme and COSLA's consideration.

9. Deliverables

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

Deliverable 2 – Documentation outlining proposals for review of other models, gathering of other relevant material and plans for wider stakeholder involvement.

Deliverable 3 – Documentation outlining options/ proposals for how the specialist public health workforce should best be delivered in Scotland and any associated factors that the PHR Programme should take into consideration.

10. Outline Delivery Plan

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

11. Stakeholders

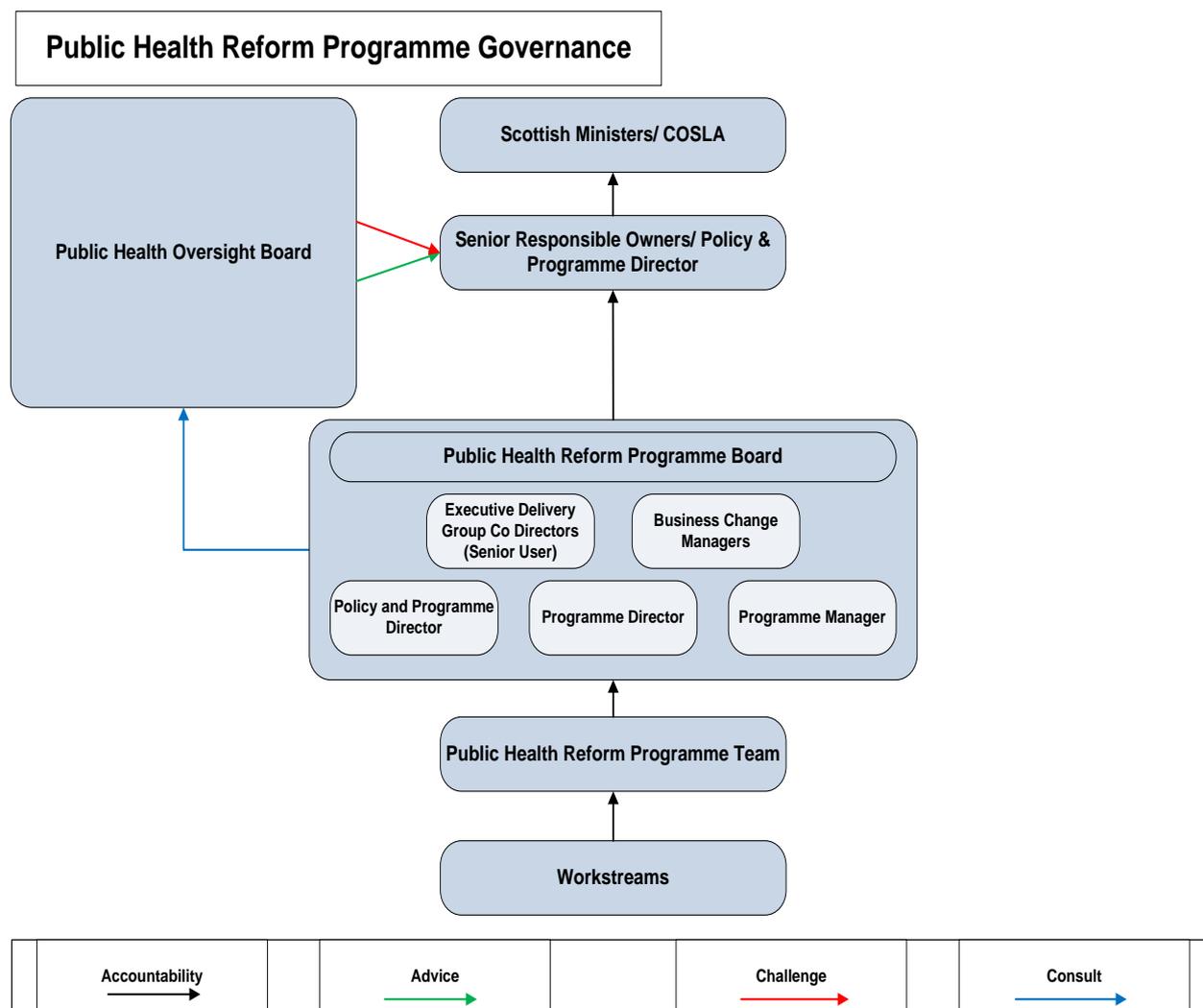
The PHR programme team have identified a number of stakeholders that could be involved in delivering the commission, consistent with our commitment to develop a whole system approach to improving the public's health. Further information can be found in the Communication and Engagement Strategy circulated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

12. Other National Strategies and Programmes

The PHR 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.

13. Governance & reporting

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

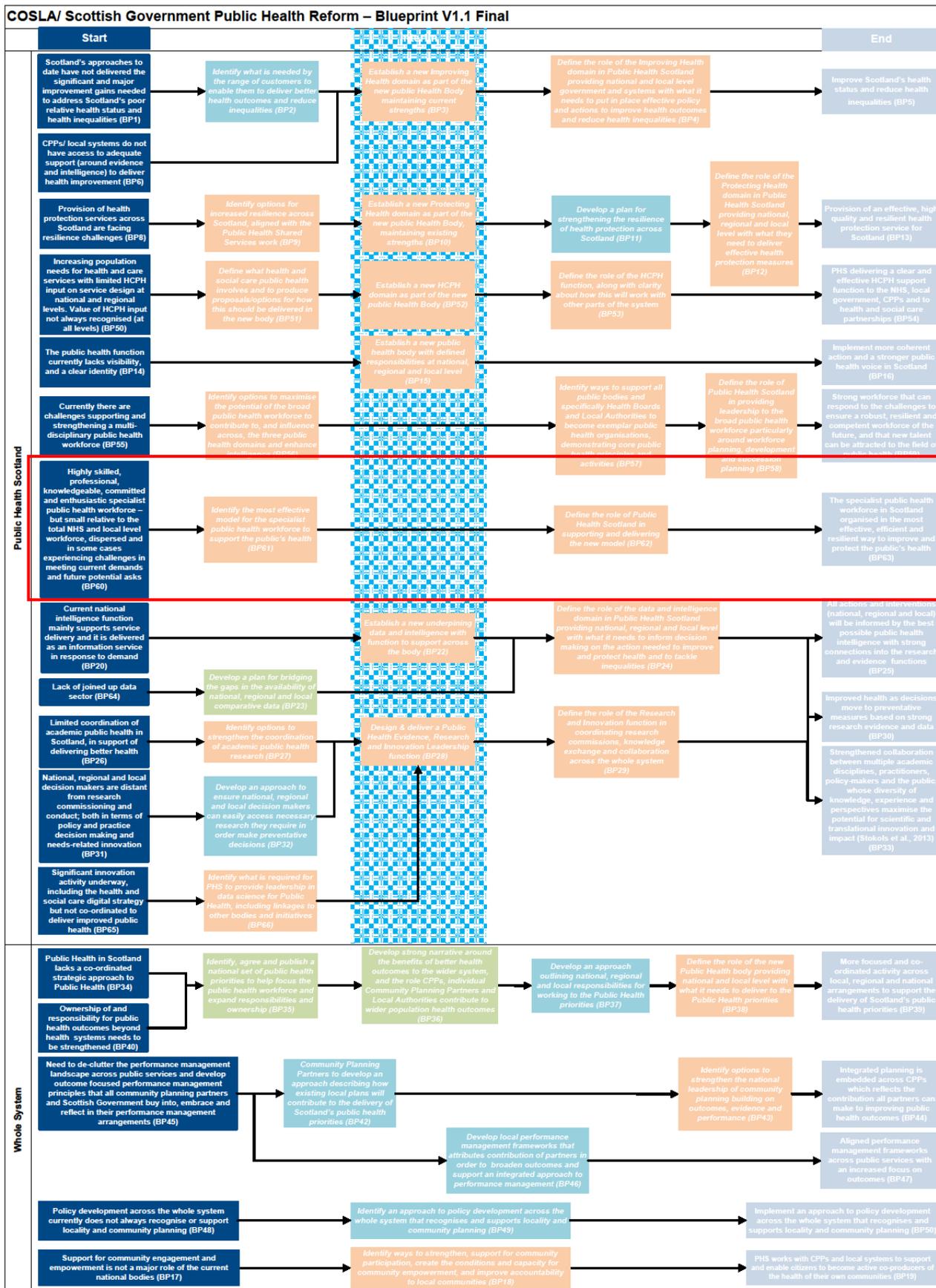


Monthly progress reports will be required and should be submitted to Amanda Trolland (publichealthreform@gov.scot) in the programme team.

14. Support

The PHR programme board recognise that delivery of this commission will require related support and guidance and have instructed the PHR 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 – Final Public Health Programme Blueprint

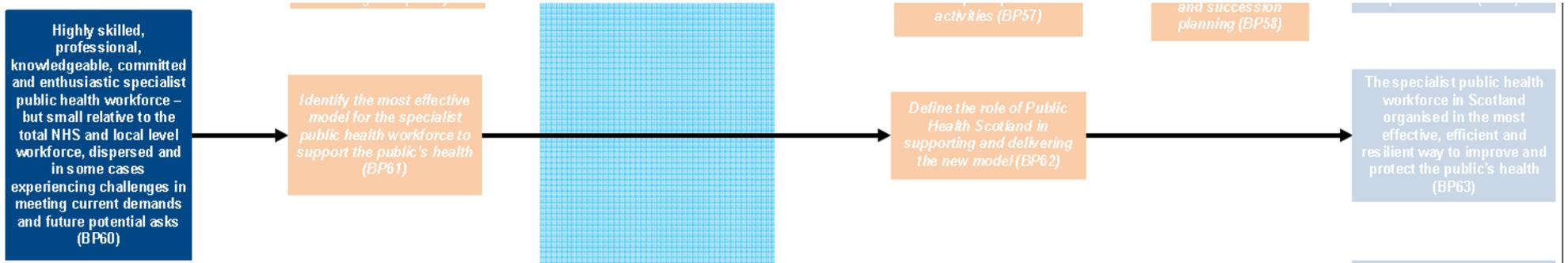


Paper 8 – Specialist public health workforce Commissioning Brief
Public Health Reform Programme Board – 26th June 2018



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The red box in the PHR Programme blueprint has been expanded below:



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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 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.