Improving Services
(Health & Social Care Public Health)

Deliverable 2
Documentation outlining current H&SCPH functions and how those functions support service delivery
Background

Scotland’s poor health

Significant & persistent inequalities

<table>
<thead>
<tr>
<th>Location</th>
<th>2003</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greendykes and Niddrie Mains in Edinburgh</td>
<td>73.3</td>
<td>76.6</td>
</tr>
<tr>
<td>Kilwinning Whitehurst Park &amp; Woodside in North Ayrshire</td>
<td>58</td>
<td>92</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>2003</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crosshouse and Gatehead Rural in East Ayrshire</td>
<td>70</td>
<td>94</td>
</tr>
<tr>
<td>Whitecrofts and Broom in East Renfrewshire</td>
<td>78.8</td>
<td>80.8</td>
</tr>
</tbody>
</table>

Unsustainable pressures on health services
Our Vision, Mission, Purpose

Vision: “A Scotland where everybody thrives”

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

Purpose:
National Services Scotland (NSS) and the Integrated Joint Board (IJB) Chief Officers’ Group (have been commissioned) to undertake work with Healthcare improvement Scotland and the PH SIIG to describe and produce options for delivering a strong, effective and forward looking HCPH domain at national level within the new public health body; and in turn, describe how this will support and enable Public Health activities at the regional and local level across the wider Scottish health system.
H&SCPH in wider context – to be further explored as part of stakeholder engagement

- Quality Improvement, 2020 Vision, Clinical Strategy, Realising and Practicing Realistic Medicine
- Health and Social Care Integration, Community Planning Partnerships
- National, Regional, Local planning
- Digital Health and Social Care Strategy
- NES Digital Service
- National Boards Collaboration Plan
- National Screening Programmes Review
- Shared Services Review (see next slide)
- Brexit
Shared Services Review - Workstream 3

“A strengthened healthcare public health function at regional and national level will support NHS Regions, Boards and partnerships in the following key ways:

• Take a population need based approach to the national and regional planning of healthcare services, balancing need against demand based planning.
• Provide a focus on efficiency and value for money of health and social care services
• Provide public health intelligence to reflect the needs of the population, reduce the health inequality gap, and to give appropriate priority to health improvement and prevention of ill-health.
• Ensure plans are evidence informed and have realistic, robust evaluation frameworks to assess their impact.
• Ensure actions are prioritised to maximise effectiveness and impact on prevention and anticipate harm to health at population levels.
• Provide balance between national, regional (or intermediate) and local level service delivery by developing the current limited evidence base.
• Provide robust evidence re variability in health outcomes through systematically gathering data and knowledge.”

Recommendation of review to NHS Chief Executives - “Establish a national network for healthcare public health (“managing and co-ordinating the contribution of experts from across the NHS – nationally and regionally - and with local partner organisations with leadership from an appropriate expert Clinical Lead...”
Current challenges for the commission include:

- wide variation in broader stakeholder language, understanding, views, perspectives and opinions about the HCPH ‘function’;
- no current national HCPH ‘profile’ to build from;
- variations in ‘function’ access and delivery at Local, Regional and National levels;
- sub-optimal coordination between national, regional & local resources for effective and efficient delivery of HCPH ‘function’;
- national agency workforce transition is difficult and sensitive; and
- variations in alignment of NHS Specialist Public Health capacity to health care and social care (integrated) services and perceived legitimacy of the specialist public health role by senior decision-makers.
Overview/thoughts re H&SCPH

- H&SCPH should be seen as a PH function alongside health protection and health improvement, all underpinned by data and intelligence.
- H&SCPH works across health care, social care and population services.
- The workforce (understanding skills, knowledge, experience of core specialist and wider contributors) is key.
Population healthcare and health services:
With the development of integrated models of care NHS providers will be increasingly accountable for population health outcomes. They will need to ensure that, with commissioners, they plan and deliver services to meet the needs of their local population.

As shared population healthcare leaders, NHS provider organisations can drive the planning and delivery of best-value health services, working with others across the health and care system. The population health skills of needs assessment, evidence-based service design and review, health economics and public involvement are key to delivering best-value care.
Faculty of Public Health definition of Healthcare Public Health (HCPH) covers the interface with social care:

• “Healthcare public health (HCPH) is concerned with maximising the population benefits of healthcare and reducing health inequalities while meeting the needs of individuals and groups, by prioritizing available resources, by preventing diseases and by improving health-related outcomes through design, access, utilisation and evaluation of effective and efficient health and social care interventions, settings and pathways of care.”

Reference: FPH Health Services Committee July 2017
https://www.fph.org.uk/policy-campaigns/policy-committees/ (under Health Services Committee)
The components set out the commissioning brief still work - with provisos

1. Population focus
2. Evidence
3. Policy development for services Evaluation, research and health technology assessment
4. Service design
5. Strategic view
6. Inter professional and partnership working
7. Tackling inequalities – in this context, inequalities in accessing and utilising health and social care services and in outcomes
8. Prioritisation and Option appraisal
9. Preventative services - to be discussed further in our context for screening, immunisation and health improvement
   ➢ we will discuss further with the Protecting Health Commission, and the Improving Health Commission leads
10. Links across areas of Public Health Practice
    ➢ We will discuss relationship between workforces for specialist HCPH and ISD analytical service with the Data and Intelligence Commission and the Workforce Commission Leads
The following slides provide more detail on:

- ‘current state’: organisations, contributions, gaps in H&SCPH
- more detail on the contributions of key players: NHS Board PH Departments and Healthcare Improvement Scotland
- further detail on NHS Health Scotland and NHS NSS ISD Analytics contribution, role, resources
- A list of additional materials posted on Knowledge Hub
### Examples of range of organisations with a role in H&SCPH 1

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Components and Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSS Public Health and Intelligence – ISD</td>
<td>Analytics and intelligence; forecasting; modelling; datasets and management: NHS, H&amp;SC Partnerships, CPPs, Local Authorities Participation in National Decision Forums. Scottish Public Health Observatory (ScotPHO) collaboration.</td>
</tr>
<tr>
<td>Health Scotland</td>
<td>Health improvement; evidence of outcomes; prevention - whole system support National Decision Forums. Hosts ScotPHN - knowledge exchange and coordination. Scottish Public Health Observatory (ScotPHO) collaboration.</td>
</tr>
</tbody>
</table>
## Examples of range of organisations with a role in H&SCPH 2

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Components and Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Board Public Health Departments:</td>
<td>Local-level NHS Board and IJB decision support and specific tasks including: Population Health Status Assessment and Surveillance, Population Healthcare Needs Assessment; Prioritisation / Resource Allocation; Strategy Development; Service Development (change to ‘routine’ care pathway for patient population / access to new health technology), Service Improvement; Service Pressures or Service Risk Response; Surveillance and Evaluation; and Individual Care Funding Requests (access to non-routine care). Participation in Regional and National Decision Forums.</td>
</tr>
<tr>
<td>Consultants in Public Health Medicine</td>
<td></td>
</tr>
<tr>
<td>Consultants in Public Health Dentistry</td>
<td></td>
</tr>
<tr>
<td>Consultants in Pharmaceutical Public Health Data Analysts: Health Intelligence; Business Intelligence; Information Intelligence. Public Health Researchers. Public Health Specialty Trainees (SpT)</td>
<td></td>
</tr>
</tbody>
</table>

---

13
Examples of range of organisations with a role in H&SCPH 3

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Components and Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other NHS Board linkages:</td>
<td>Planning / Modernisation; Service Improvement Leads; Medical Directorate / Clinical Leads; Nursing Directorate; Clinical Effectiveness / Realistic Medicine Leads; Finance; Acute Sector; Primary Care; Mental Health; Pharmacy and Medicines Management; IJB Chief Officers; and IJB Strategic Planning Groups.</td>
</tr>
<tr>
<td>Healthcare Improvement Scotland</td>
<td>Evidence on clinical and costs effectiveness of health care interventions, clinical guidelines, health economics, clinical standards, system redesign and continuous improvement, assurance about the quality and safety of healthcare, promotes patient focus and public involvement. Responsive improvement support</td>
</tr>
</tbody>
</table>
Examples of range of organisations with a role in H&SCPH 4

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Components and Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Board Improvement Leads</td>
<td>Service Improvement methodologies</td>
</tr>
<tr>
<td>Research and Academia</td>
<td>Evidence base of need, services, outcomes</td>
</tr>
<tr>
<td>Improvement Service</td>
<td>Provide a range of products and providing advisory services including consultation and facilitation, learning and skills, performance management and improvement, and research</td>
</tr>
<tr>
<td>Analytics - Internal/External consultants</td>
<td>Analytics e.g. Whole System Modelling; ulab; Double Diamond /User Centred Design; Change Management; User Experience/Research, Service Reviews, Strategy Development and Healthcare Facility Planning and design</td>
</tr>
</tbody>
</table>
The following slides summarise examples of organisations/team delivering H&SCPH services

By each component of H&SCPH as set out in the commissioning brief

• Population focus
• Evidence
• Evaluation and research
• Strategic view
• Service design
• Inter professional partnership working
• Tackling inequalities (in accessing and using H&SC services
• Prioritisation and Option appraisal
• Preventative services
• Link across areas of Public Health Practice

This is a first iteration which is informing stakeholder engagement and key questions/messages
Please note that the following Commission Project Team Workshop Outputs:

• are inclusive views of individual Commission Project Team members, no exclusions were applied;

• applied FPH definition of specialist health care public health, transcribed into the Commission Brief with minimal changes; and

• have not been verified by stakeholders.
Population Focus (1 of 2)

What’s happening now

• **NHS Board PH departments** – health needs assessments, input to planning and redesign of services, implementation of interventions to improve services and evaluation of health services. Key role in ensuring decision making is supported by intelligence which is created by combining data and evidence and supporting RM initiatives

• **HIS/ ihub** supporting H&SC Partnerships – mapping current pathways working with LIST; using data to support HSCP identify local priorities and develop improvement plans. SMC and SHTG decision making support for NHS

• **ISD/LIST** data gathering and analysis for needs assessment

Gaps

• Scottish Government / local government perspective

• Resources to undertake more Health Needs Assessment - at local, regional and national levels – once for Scotland approach
Population Focus (2 of 2)

What’s happening now

- **ScotPHN** coordination and delivery of ‘once for Scotland’ needs assessment
- **ScotPHO / Health Scotland** - Health Scotland & ScotPHO and GLPM insight work on data and experience of small and marginalised population groups; health profiling
- **NSD**: supporting newly established National Planning Board, with specialist PH input
- **ISD / LIST** do data profiling and health status assessments
- **HNAs by local PH departments and ScotPHN**

Gaps

Evidence (1 of 2)

What’s happening now

• **Audit Scotland** – Review of current practices and impact within current Scottish context

• **NHS Board PH Dept** – provide support to HSCPs ensuring service development is based on intelligence derived from data and evidence

• **Health Scotland** – evidence in conjunction with 3rd sector organisations on experience of health care of small population groups eg gypsy travellers, asylum seekers and refugees; evidence including data, insights, economic evaluation, evidence for action and lived experience

• **Improvement Services; CPOP tools**

Gaps

• Information v Intelligence

• Population based context, relative value for competing priorities and local/regional/national context
Evidence (2 of 2)

What’s happening now

- **ISD** – Publishing national stats / products
- **HIS** – Capturing, synthesising and translating current evidence and best practice to support knowledge into action, SIGN, supporting clinical decision making (CLEAR), ihub- generating practice based evidence
- **ISD / Service Access Team** – Evidence for improving children’s mental health services
- **ISD Health & Social Care** – Risk prediction for emergency admissions
- **CPH** – membership of various groups eg in acute services and HSCPs e.g. Strategic data Needs Assessment, clinical effectiveness, RM steering group; Pathway development groups

Gaps

- Active or passive?
- ISD publish data to enable others to access needs or to tackle inequalities
- Need better way to present and share evidence to maximise impact and usage
- Once for Scotland
- Care about use of term evidence; knowledge sources - based on empirical studies and important / relevant knowledge sources. Appropriate knowledge sources may include best external empirical evidence, descriptive data, individual experience, stakeholder values and a situation analysis of the specific local context.
Evaluation and Research (1 of 2)

What’s happening now

- ISD Quality Indicators – benchmarking
- Planning Departments
- ISD/HPS – various analytical teams tend to provide monitoring and data evaluation
- Knowledge Management Services
- Clinical Effectiveness Teams - variations, trends, projections/ predictions
- ISP - key performance indicators
- Board PH Consultant Body
- Universities
- Scottish School Primary Care - Capturing scientific and practice evidence
- PH Depts and Research Teams
- GCPH

Gaps

- More Once for Scotland approach
- Non health data sources missing 2&3.
- GCPH resource for Scotland
- Multiple players – better co-ordination; optimisation of resource; focus on patient valued outcomes
What’s happening now

• HSCPS
• Scottish Government
• Service Improvement Teams
• HIS / iHUB- evaluation supporting design of evaluation frameworks, methodological research relating to evidence synthesis, health technology assessment and guideline development
• Health Improvement
• CSO
• PH Academics
• Quality Improvement Patient Safety
• CPH / PH Specialists - PH put to various groups
• Health Scotland - strategy and policy evaluations
• Scottish Health Technology; HIS

Gaps

• More links with University departments
• More access to synthesised evidence portal,
• More focus on PROMs
• More focus on embedding Realistic Medicine principles
Strategic View

What’s happening now

• **CPH** - advocacy; independent advice; the line between Board and HSCPs; support / challenge decision making; lead on identifying suitable data sources; area therapeutic drugs committee; address inequalities

• **HIS/iHub** - identify priority areas for improvement support; interpret / translate information intelligence sharing, supporting service redesign, strategic commissioning, service reviews

• **Health Scotland**: works between national policy and local practice and between health and other SG portfolios

• **Improvement Service**

• **CPP & partners**

• **Extended Senior Management Team**

• **NHS Board** – planning support eg theory based frameworks for health inequalities impact assessment and health inequalities service planning

Gaps

• Changes over time – role of DPH

• Implement value based paradigm, building on foundation of evidence informed and quality assured

• Clarity of vision and scope
Service Design  (1 of 2)

What’s happening now

• Other provider NIESTA / KPMG – commissioned to support local services redesign
• HIS/ihub – co-designing improvement programme NHS and HSCP; prototyping new interventions or pathways, evaluating impact; using evidence base to inform design; developing evaluation on impact outcomes including health economics
• HSCP
• ISD/LIST – HSMR
• 3rd Sector – Capturing and sharing evidence on service delivery and design to improve outcomes
• NHS Boards – value not just technical efficiency; health technology reviews; cross checking workshop
• CPH
• IJBs – issue directions and produce strategic commissioning plan

Gaps

• Greater collaboration between National Bodies to support service to improve service design and delivery
What’s happening now

- Scottish Healthcare Audits (SHA)
- NSD Specialist Services
- Improvement Service
- Planning SI/QI/Modernisation
- ISD Primary Care / LIST - data and intelligence to support Transformation of Primary Care
- HIS – service change advice and guidance
- Health Scotland – works with staff delivering health improvement services to produce guidance, provide papers and resources policy and strategy evaluations
- Realistic Medicine Healthcare Group
- ISO National Audits - data intel

Gaps

- Cognisance of realistic medicine principles and clinical strategy
- Value based healthcare approach
Inter-professional and partnership working (1 of 2)

What’s happening now

- **Health Scotland**: increasingly works across Scottish Government policies, bringing Health and Social Care together with, eg Economic Growth, Social Justice, Criminal Justice, Equality, Housing, Environment, Education, Social Work
- **NHS Board Strategic Planning**: development of board wide strategies
- **ScotPHO**
- **MCNs** – bringing together clinicians / service users / stakeholders around specific issues
- **Health & Social Care Partnerships** - strategic planning group

Gaps

- Academia – research support office in NSS PHI is lacking
What’s happening now

• **Everyone / No-one** – health Scotland for specific strategy areas eg smoking cessation; adverse childhood experiences

• **HIS / ihub** - experienced convenors of knowledge; professional engagement, Public Health Evidence network (Health Scotland, HIS, MRC. Glasgow centre for population health)

• **ISD** - analyst / user groups / forums; sharing expertise and understanding of data/intelligence and what it tells us; support contribute to national HD information leads

• **ISD Analytics** to support sharing intelligence for health & social care

• **NSD Specialist Services**
Tackling Inequalities (in accessing and utilising health and social care services) (1 of 2)

What’s happening now

- **3rd Sector** – Advice on user experience and role of voluntary sector
- **NHS Board PH Dept** – advice to CPPs and HSCPs; health and care services
- **HSCP** - focus on small population groups etc gypsy travellers, asylum seekers and refugees; directors and strategic commissioning plans; Direction and Strategic Commissioning Plans
- **Joint Health Improvement**

Gaps

- Political cover to make difficult decision about service provision and what to do more and less of
- Independent voice
What’s happening now

- **CPH / DPHK** - develop strategy; monitor / evaluate
- **Everyone**
- **ISD ScotPHO** - profiles; Triple I project; measuring / highlighting inequalities; publications and health intelligence products
- **Health Scotland** - evidence and strategy for understanding and acting on determinants of Health

Gaps

- Data systems sensitive enough beyond localities to understand inequitable services
- Clear differentiation between equitable service provision and population health inequalities
- More locality planning and service user engagement
Prioritisation and Option Appraisal (1 of 2)

What’s happening now

- **HSCP** - Developing strategic plans
- **HIS / ihub** – working with HSCP to identify priority areas using data and evidence; co-designing improvement programme, Strategic Planning to support services to understand plan and deliver better health and wellbeing outcomes
- **Health Scotland** – interrogation of data
- **CPP**
- **HEN** – identify suitable framework

Gaps

- Willingness of Board and PH departments to engage.
- Open and transparent decision making
- Poor priorities; resource optimisation; competing options for change; value based
- Involvement in day to day service placing of PH
Prioritisation and Option Appraisal (2 of 2)

What’s happening now

- **ISD Prescribing** – effective prescribing and cost savings
- **CPH** - co-ordinate / lead; support SC planning; private/current evidence reviews
- **Improvement Service**
- **ISD; SHA; Scottish Healthcare Audits**

Gaps

- Access to health economists for specific areas of work
- ScotPHN; repeat use ‘hybrid’ model
- Involvement of PH in support of service redesign and development
- Disinvest in ineffective service
- Health economic research capacity
Preventive Services

What’s happening now

• **CPH / PH Specialists** – education and training; monitoring / evaluation / audit; care services; pathways developed; input to regional planning; screening national; immunisation health protection

• **ISD Population Health** – Health Scotland reach of screening and immunisation to reduce inequality and access; guidance and resource ‘Once for Scotland’ for local delivery

• **NHS Board PH Dept** – reporting to SG / evidence on immunisation programmes

• **3rd Sector** - harnessing evidence from people with lived experiences

• **HIS** – develop standards for screening programmes

Gaps

• Clear agreement in the group about boundaries for preventive services

• Definition of preventative – population based v high risk
Link across areas of PH practice

What’s happening now

- **ScotPHO / Scot PHIN / Health Scotland / Collaborative Networks** – joining up people and teams; harmonising aligning methodologies; deduplication / efficiency of effort; currently (nationally) few opportunities to link outside specific strategy implementation eg health intel for smoking/alcohol; and health protection for reach of national programmes; co-location; system working; improvements at all levels required.

- **Scottish Government** – links are different in different geographical areas and for different topic areas with many gaps

- **CPH** – workplan / strategy; on call; job plans; shared remits across the domains

- **ISD / HS / HPS** - analysts networks; sharing knowledge and skills

Gaps

- Good local links; regional and national level – improvements needed
- Public health workforce as one workforce multidisciplinary
- PH input across national / regional / local area of work
- Apply evidence around specialist v generalist functions
The following slides provide additional background information about interdependent components of the ‘current state’ HCPH function.

- Overview of Scottish public health workforce (2015)
- Local Level - NHS Boards and Health and Social Care Partnerships (H&SCP)
- Healthcare Improvement Scotland
- NHS Health Scotland
- NHS NSS Public Health and Intelligence – Analytics and Intelligence and National Healthcare Audits
<table>
<thead>
<tr>
<th>Role</th>
<th>Summary description</th>
<th>Estimated numbers (headcount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health consultants, specialists</td>
<td>Work at a strategic or senior management level or at senior level of scientific expertise to influence the health of entire communities</td>
<td>189</td>
</tr>
<tr>
<td>and specialist trainees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directors of Public Health</td>
<td>Responsible for determining overall vision and objectives for public health both within local Health Boards and national Health Boards [these are also counted as consultants or specialists]</td>
<td>[18]</td>
</tr>
<tr>
<td>Public health academics</td>
<td>Lecturers, researchers and teachers employed in higher education sector, whose primary focus is public health</td>
<td>360</td>
</tr>
<tr>
<td>Public health managers and practitioners</td>
<td>Work across the system and at all levels delivering public health programmes in health improvement, e.g. smoking cessation, alcohol dependency</td>
<td>970</td>
</tr>
<tr>
<td>Public health scientists</td>
<td>Perform scientific role in health protection in support of public health objectives</td>
<td>50</td>
</tr>
<tr>
<td>Intelligence and knowledge professionals</td>
<td>Staff employed in data analysis, informatics and presentation of public health information</td>
<td>370-660</td>
</tr>
</tbody>
</table>

Source: Centre for Workforce Intelligence, NHS Health Scotland
Local Level - specialist role

• The registered specialist workforce aligned to health care public health (proportion unknown, previous estimate about 1 in 5 # ) delivers the breadth of roles and tasks as defined by the FPH Health Services Committee July 2017.

• Multiple interdependent ‘expert’ components, such as health intelligence support, are required to effectively and efficiently deliver the HCPH function.

• Registered specialists employed by NHS Boards currently work at national, regional and local levels.

• Registered specialists in public health provide an independent population advocacy role and direct specialist advice for decision-makers to support value-based, evidence-informed and equitable access to components of personal (individual-level) integrated care pathways for defined patient or resident populations.

Public Health Service Improvement Interest Group (PH SIIG) - rapid return survey

• Includes examples of the breath and depth of HCPH projects and workstreams.

• Initial and self-selected responses from 12 PH SIIG members.

• No Commission Project Team members submitted a response.

• Commission Project Team member collated responses.
PH SIIG Rapid Survey - Service Development

- Involved in the business case and monitoring of progress for new hospital and health care facility
- Input to the transforming clinical services board locally
- Commissioning of a sexual health service
- Leading on the local primary care improvement plan, utilising it to consider a 3rd horizon approach to the plan and maintaining focus on potential health gain.
- Scenario generation in the North of Scotland Public health Network
- Screening Programmes – working with colleagues in acute services on developing and improving services in line with population needs.
PH SIIG Rapid Survey - Public Health Intelligence I

- Cluster Intelligence Reports
- Local virtual intelligence group for Realistic Medicine
- National needs assessments leading to local (care) pathways developments—e.g. Chronic Pain, Gender Identity and Specialist Podiatry Services, looked after children in line with CEL 16
- Involvement in Modernising Outpatients project, using PH intelligence to inform developing strategy for outpatient use and move to community-based and technology-based solutions
- Whole system transformation intelligence—working with HSCPs, the acute sector and planners; engaged clinicians across a range of different high-volume specialties to develop models of future demand based on the ageing population; worked with learning and education to develop bespoke literature reviews, providing advice on how each service could better prepare for rising demand; engaged and developed online surveys to deepen understanding of the implications, obtaining feedback form stakeholders, and then contributed to the planning groups which developed plans to take forward service redesign.
- Information governance on UK registries on specific topics
PH SIIG Rapid Survey - Public Health Intelligence II

- Screening is a large part of HSCPH, with governance and intelligence roles, change-management, leadership and co-ordination being the main roles. As well as co-ordinating national and local activity and governance systems, PH specialists provide screening leadership across the organisations and regularly lead groups to tackle screening failures of large groups or investigation failures affecting individuals. There is a role in liaising with health promotion colleagues to promote uptake and prevention messages around the screening programme, using national resources and locally-prepared approaches within a local context, and in providing governance for screening at the Board and HSCP accountability levels. These roles often require skills around assessing and developing intelligence based on local and national data as well as an understanding of local contexts and risks.

- Whilst immunisation is a health protection intervention, creating advice and intelligence for services around low uptake within areas often falls to health services public health specialists.

- Urban regeneration - The health group in this project had asked for advice on tackling ill health for residents, who are among the poorest in Scotland. I have used national and local data and literature reviews to provide intelligence advice around the commonest chronic illnesses for the population and what actions could be taken jointly to improve their health through health, social care and third sector services.
PH SIIG Rapid Survey - Service Evaluation

• Formative Service Evaluation project on Integrated Assessment and Support Service with detailed work on the new Hospital at Home Model - very valuable for decision making

• Evaluation of pilot phase of early community support project – worked with finance and business support unit to demonstrate bed days saved and implicit cost savings

• Chaired Clinical Strategy - Women and Children’s work stream. Monitoring and oversight of some of the screening programmes.

• Day to day advice on economic evaluations of new technologies (including their clinical effectiveness) and limits of the available evidence
PH SIIG Rapid Survey - Use of Resources

• Lead an analysis of primary care resource compared to need in the population on GP practices and for non-contracted HSCP services and support the allocation of new funding sources

• Planning for workforce change - to plan for future HR policies and occupational support and probably also applicable to HSCP partners in due course for social care workforces

• Providing a focus for information on regulation (legislation) on medical devices

• Global health
PH SIIG Rapid Survey - other examples

• Tackling chronic illness through public health services - collaboration with colleagues in Europe and the World Health Organization as lead writer of a chapter on strengthening public health services to tackle the rising prevalence of chronic disease. The work used local, Scottish and European data and literature to create intelligence on how public health can better tackle chronic illness. This piece of intelligence suggested there were three key tasks relating to health and social care public health:

  – We must strengthen public health intelligence capacity in order to assess and act on chronic illness. This included an understanding of what intelligence should be developed centrally or locally;

  – Public health services must focus on health equity across all essential functions. This requires intelligence on the scale of inequalities, and approaches to tackle this through HSC service configuration, supported-self care, and skills for staff; and

  – Co-ordination across public health and primary care services is key for effective health promotion and early detection of non communicable diseases (NCDs), as are community services and community engagement.
Local Level - Supporting IJBs and CPPs examples

• Needs assessment for Strategic Commissioning Plan
• Measuring impact and value of services
• Key member of the Strategic Planning Group of the IJB

Other examples which may be seen as being within the Improving Health domain

• Member of the Licensing Committee / Forum
• Chair of the Community Safety & Justice Partnership
• Influencing and driving the agenda within CPP
• Leading the development of a Prevention Strategy
Health Care Improvement Scotland

Five Key Priorities

• Enabling people to make informed decisions about their care and treatment.
• Helping health and social care organisations to redesign and continuously improve services.
• Provide evidence and share knowledge that enables people to get the best out of the services they use and helps services improve.
• Provide quality assurance that gives people confidence in the services and supports providers to improve.
• Making the best use of resources, we aim to ensure every pound invested in our work adds value to the care people receive.

The broad work programme supports health and social care services to improve.
Health Care Improvement Scotland

**Healthcare Environment Inspectorate**: Helps reduce the risk of healthcare associated infection to patients by inspecting hospitals in Scotland to ensure they are safe and clean.

**The ihub**: Helps health and social care providers design and deliver better services for the people of Scotland.

**Scottish Health Council**: Supports NHS boards and health and social care providers to involve patients and the public in the development of services.

**Scottish Health Technologies Group**: Provides advice on the clinical and cost effectiveness of healthcare technologies that are likely to have significant implications for patient care in Scotland.

Scottish Medicines Consortium: Accepts for use those newly-licensed medicines that clearly represent good value for money to NHSScotland.

Scottish Patient Safety Programme: Improves the safety and reliability of healthcare and reduces harm, whenever care is delivered.
Current resources at National Level proposed to go into Public Health Scotland

Note: staff numbers and percentages in the following slides are estimates based on our working definitions of H&SCPH

1. NHS Health Scotland (HS)
HS Purpose

- NHS Health Scotland is the national health improvement agency.

- We work with others to produce, share and implement knowledge of what works to improve the health of the people of Scotland in a fair way. We generate, manage and support the use of knowledge which helps
  - improve practice
  - build stronger support for action across all sectors
  - identify the policies that will make the greatest difference.
## Priorities

<table>
<thead>
<tr>
<th>Strategic priority 1</th>
<th>Strategic priority 2</th>
<th>Strategic priority 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fairer and healthier policy</strong></td>
<td><strong>Children, young people and families</strong></td>
<td><strong>A fair and inclusive economy</strong></td>
</tr>
</tbody>
</table>

- **Strategic priority 1**: The knowledge and evidence we provide will be used by policymakers to implement strategies that are fairer and influence the social determinants of population health and wellbeing.

- **Strategic priority 2**: The knowledge and evidence we provide will be used by policymakers and decision-makers to implement strategies that improve the health and wellbeing of children, young people, and families.

- **Strategic priority 3**: The knowledge and evidence we provide will help reduce health inequalities caused by socioeconomic factors by informing social and economic policy reforms.

<table>
<thead>
<tr>
<th>Strategic priority 4</th>
<th>Strategic priority 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy and sustainable places</strong></td>
<td><strong>Transforming public services</strong></td>
</tr>
</tbody>
</table>

- **Strategic priority 4**: The research and evidence we provide will be applied by policymakers and decision-makers to improve the quality and sustainability of places and increase their contribution to health and wellbeing.

- **Strategic priority 5**: We will support public sector partners to design and deliver services that have health improvement and protection of human rights at their core.
NHS Health Scotland is Scotland’s national health improvement agency and is therefore one of the country’s main public health bodies. Scotland’s health is improving, but we continue to face significant public health challenges. There is widespread agreement that we need to change the way we do public health in Scotland to meet these challenges.

The role of HS is to connect research, policy and practice.
Scottish Government

requirements of HS

HS is tasked by SG to:

provide evidence of what works to reduce health inequalities and improve population health

work across all sectors in Scotland to put this evidence into action

support national and local policy makers to design and evaluate interventions that help build a fairer, healthier Scotland

works across most directorates in SG, negotiating directly with relevant policy leads if the work fits within strategic aims and scores well on our impact scale.

Agrees its key work plan goals annually with SG sponsors, within the context of the strategic aims
HOW WE DO THIS
HS prioritises work based on likely impact on improving health and reducing health inequalities.

HS develops annual delivery commitments designed around the outcomes most likely to achieve the strategic core priorities.

The lead for each delivery commitment creates multi-disciplinary teams to deliver the work using a Knowledge into Action cycle.

*Including digital, marketing, comms and public affairs
HOW WE ARE STRUCTURED
HS organisational overview

Gerry McLaughlin
Chief Executive
- Executive and governance
- Finance and Procurement

Cath Denholm
Director of Strategy
- Communications and Engagement
- Strategic Development
- Organisation Improvement
- People and Workplace

Andrew Fraser
Director of Public Health Science
- Public Health Observatory
- Scottish Public Health Network
- Knowledge and Research Support
- Evidence for Action
- Evaluation

George Dodds
Director of Health Equity
- Population Health
- Place and Equity
- Marketing and Digital Services
- Learning and Improvement

George Dodds
Director of Health and Work
- Health and Work Services
- Health and Work Policy
## Workforce by public health domain (% wte)

<table>
<thead>
<tr>
<th>PH pillars</th>
<th>PHI</th>
<th>HS (estimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Improvement</td>
<td>18%</td>
<td>89%</td>
</tr>
<tr>
<td>Improving Services</td>
<td>20 to 40% (uncertain)</td>
<td>10% (could be more or less depending on agreed definition)</td>
</tr>
<tr>
<td>Health Protection</td>
<td>14%</td>
<td>1%</td>
</tr>
<tr>
<td>Underpinning Data &amp; Intelligence</td>
<td>28 to 48% (uncertain)</td>
<td>-</td>
</tr>
</tbody>
</table>
HS AND H&SCPH:
PROGRAMMES AND PROJECTS PLANNED AND DELIVERED ALONGSIDE OR AS PART OF HEALTH AND SOCIAL CARE INTERVENTIONS
Public Health Science Directorate

• Main purpose is to ensure Scotland’s health improvement policies and programmes are underpinned by public health science, providing a solid foundation for action to improve health and reduce health inequalities
• Provides evidence of what works to reduce health inequalities, public health information, advice and expertise to stakeholders across Scotland including the Scottish Government and NHS Boards

Public Health Observatory
– Use information to advance understanding of the health of the Scottish populations and the underlying factors
– Communicate work to influence policy and practice

Scottish Public Health Network
– Undertake prioritised national pieces of work
– Facilitate info exchange between public health practitioners
– Support capabilities and functionality of the Scottish Directors of Public Health Group

Knowledge Services
– Discovers, captures, shares, distils, transfers and supports mobilisation of relevant, high quality health inequalities and health improvement evidence and knowledge

Research Services
– Provide specialist advice and guidance on research commissioning and governance
– Supports colleagues to commission or undertake research, including evaluation

Evidence for Action
– Main aim is to get evidence into policy and practice
– Majority of work is influencing national policy to ensure it is evidence informed

Evaluation Team
– Ensure robust evaluation is key part of gathering evidence
– Embed evaluation in the planning, design of local policies, to maximise potential for learning
– Highlight evaluation findings and maximise their potential to influence future policy decisions

Examples of support for health and social service delivery:

Evaluation of health and social service strategy and practice 2018/19: Early learning and Childcare, Community Links workers, school nursing pilot implementation, routine enquiry for childhood adversity in primary care, youth health services in GGC

Evidence reviews: ELC, child poverty interventions, one trusted adult for ACEs, mental health and young people

Insights: impact of fundamental causes of health inequalities on the Scottish population; area profiles of health and social outcomes and risk factors

ScotPHN: ‘Once for Scotland’ Needs Assessments, eg gender identity services, impact of welfare reform, neurosurgery, loneliness and social isolation, adverse childhood experiences
Health Equity Directorate

- Improve the consistency and pace of establishing evidence-based action for reducing health inequalities and improving population health
- Lead collaborative programmes of work that aim to implement or influence strategy and practice across Scotland.

Marketing and Digital Services
- Comprised of marketing, publishing, digital & IT services
- Help develop digital and printed health information products
- Work with stakeholders to provide advice on channel strategy

Population Health
- NHS and education roles in child poverty
- Whole system action on adversity in childhood
- Gender-based violence NHS roles
- Public Mental Health
- Screening and Immunisation
- Tobacco Control

Place and Equity
- Housing, homelessness and health
- Diet and obesity
- Physical activity and place
- Public Service Reform
- Community Development
- Human rights and services

Learning and Improvement
- Provide learning and education for the Scottish health improvement workforce
- Provide learning needs assessment, development and delivery of learning resources for use in public health
- NHS Scotland British Sign Language Improvement Plan

Examples of support for health and social services delivery:

Support for local strategy implementation — e.g. application of the Place Standard to local planning, financial inclusion referral pathways between NHS and welfare benefit services, increasing reach of screening programmes, implementing smoke free prisons, designing and monitoring Health Promoting Health Service actions, systems change for reducing health inequalities within the NHS, HSCPs and CPPs. (eg guidance, planning frameworks, practice sharing, networks)

Direct practice support for implementation of national strategy or evidence-based interventions e.g. providing digital and printed health information resources, eg screening and immunisation professional packs and physical activity pathway for primary care; provision of mental health and suicide prevention training; health improvement eLearning modules; funding and advice for pilot financial inclusion projects; funding of community food projects; and advice for community led health projects.

Health information and public health campaigns e.g. digital and printed health information products. Support Scottish Government in developing and delivering public health campaigns e.g. ‘Quit Your Way’, Bowel Screening, Fit for Work Scotland, Healthy Working Lives, Cervical Screening social media campaign and the Flu Campaign.
**Health & Work directorate**

- Lead work with industry, employers and their stakeholders to achieve better and more equitable health outcomes
- Increase the proportion of the working age population in good work through more employers and individuals implementing good work practices
- Individuals with ill health or disabilities remain in or return to work through delivery of better integrated and more accessible employment services

**Health and Work Services**

- Deliver Healthy Working Lives services and contribute to delivery of other services including ‘Working Health Services Scotland’ and the single gateway pilot, ‘Health and Work Support’.
- Deliver the Healthy Working Lives award and healthyliving award
- Coordinate and contribute to effective and efficient partnership delivery systems.
- Maxime impact, measured through robust performance metrics.
- Develop employer focused inequality, occupational health, safety and wellbeing expertise.

**Health and Work Policy**

- Lead and develop the NHS Scotland approach to welfare, income and poverty.
- Influence emergent Scottish income and welfare policy.
- Provide the focus for NHS Health Scotland support to the Fair Work convention and framework implementation
- Lead NHS HS engagement in relation to poverty/fuel poverty work.
- Support mitigation of the impact of welfare reform through the NHS.

**Examples of support for service delivery:**

**Web based advice - Healthyworkinglives.scot** an online resource for employers including a self-assessment tool to measure performance against a set of legislative requirements and develop a tailored action plan for improvement.

**Strategic direction - Health and Safety** HWL is leading on aspects of the Scottish Plan for Action on Safety and Health (SPIASH), part of the Scottish Government’s response to the HSE’s strategy, *Helping GB Work Well*.

**healthyliving - Contribution to the Healthcare Retail Standard (HRS)** The healthyliving award team supported the development of the standards in line with dietary goals; produced guidance; contributed experience, expertise and learning to the implementation of the standards and to the assessment process and ensured comparability with catering standards. The HRS has now been implemented across the NHS estate.
### Strategy Directorate

- Main purpose is to coordinate the planning and delivery of our business strategy
- Leads planning and business processes, and integrates critical business support functions so that they deliver high quality support, resources and systems that are aligned with corporate strategy goals

<table>
<thead>
<tr>
<th>Communications and Engagement</th>
<th>Strategic Development</th>
<th>Organisational Improvement</th>
<th>People &amp; Workplace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote, position and protect the organisation's mission, position and reputation (externally and internally)</td>
<td>To lead the organisation's performance and stakeholder management</td>
<td>Coordinate strategic planning and corporate reports</td>
<td>Lead all aspects of workforce support that deliver a good staff experience and staff health wellbeing and productivity</td>
</tr>
<tr>
<td>Manage parliamentary, governmental and other stakeholder activities to convey messages and maximise policy influence</td>
<td>Coordinate strategic planning and corporate reports</td>
<td>Support and coordination of NHS HS events and sponsorship programmes</td>
<td>Provision of following services: health, safety, facilities, HR, OD and people development</td>
</tr>
</tbody>
</table>

### Examples of support for service delivery:

**Corporate Strategic framework** – Approval of a second 5 year corporate strategic framework on A Fairer Healthier Scotland

**Corporate Planning Tool** – Design and ongoing improvement of a bespoke Corporate Planning Tool that aligns with the NHS finance database allowing real time data tracking

**Public Health Scotland Transition Support** - Leading the planning for and provision of the support required to support Health Scotland in change and transition towards Public Health Scotland and other contextual changes. This is now supported by a Change Support Team, co-hosted with the Digital and Marketing team in the Health Equity Directorate.
Current resources at National Level proposed to go into Public Health Scotland

2. NHS National Services Scotland, ISD Analytics and Intelligence and National Healthcare Audits
ISD Purpose

ISD is the service brand through which NSS delivers on its information and intelligence function.

**Mission** Providing intelligence to help Scotland make the right health and wellbeing decisions.

**Vision** Joined up public service data intelligence to enable:
1. the Public to make informed decisions
2. Professionals to drive improved outcomes
3. Public bodies to deliver service value
a cradle to grave overview

Linked together by CHI
National level, specialist expertise, plus locally deployed analysts

Working in partnership, aiming to be complementary
Transforming data into action

Translation

Intelligence

Data

Local Support linked to National resource

Integrated Analysis Predictive Modelling

Secure access to high quality data/standard reports

Shift in emphasis over time
High level examples of products and services contributing to PH
**ISD Consultants & Associate Specialist in Public Health Medicine & Consultant in Dental Public Health (“Clinical Leads”): HSC PH input**

<table>
<thead>
<tr>
<th>Specialist area</th>
<th>Wte HSC PH input</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI/ clinical audits/benchmarking</td>
<td>0.4</td>
</tr>
<tr>
<td>Alcohol/ drugs/ homelessness</td>
<td>0.4</td>
</tr>
<tr>
<td>Primary care</td>
<td>0.2</td>
</tr>
<tr>
<td>Cancer</td>
<td>0.2</td>
</tr>
<tr>
<td>Child health</td>
<td>0.15</td>
</tr>
<tr>
<td>Dental health</td>
<td>0.15</td>
</tr>
<tr>
<td>H&amp;SC</td>
<td>0.1</td>
</tr>
<tr>
<td>Maternal health</td>
<td>0.05</td>
</tr>
<tr>
<td>Sexual health</td>
<td>0.05</td>
</tr>
<tr>
<td>Mental health</td>
<td>0.05</td>
</tr>
<tr>
<td>General HSC PH</td>
<td>0.05</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1.8</strong></td>
</tr>
</tbody>
</table>

**Note**
- For each ISD Clinical Lead, specific wte contribution to HSC PH estimated.
- Some ISD areas have no PHI Clinical Lead specific HSC PH input and have not been included in the table.
### Analytics and Intelligence Services (wte) 1

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Sub Team</th>
<th>wte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Access</td>
<td>Mental Health/Access Improvement Support Team</td>
<td>14.7</td>
</tr>
<tr>
<td></td>
<td>Waiting Times</td>
<td>10.8</td>
</tr>
<tr>
<td></td>
<td>Unscheduled Care, A&amp;E, Out of Hours, Pathways</td>
<td>21.5</td>
</tr>
<tr>
<td>National Primary Care Analytics</td>
<td>Dental &amp; Ophthalmics</td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>Primary Care</td>
<td>12.9</td>
</tr>
<tr>
<td>Resources</td>
<td>Resources Allocation and Cost Book</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>Workforce Intelligence &amp; Planning</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Psychological Therapies W/f Intelligence &amp; Planning</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>Nursing and Midwifery Workload and W/f Planning</td>
<td>5.6</td>
</tr>
<tr>
<td>Health and Social Care</td>
<td>Pathways linkages</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Palliative Care and Dashboards</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>Delayed Discharges, Social Care, Dementia/post diagnosis support</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>Alcohol, smoking cessation support, Drugs</td>
<td>7.0</td>
</tr>
<tr>
<td></td>
<td>SPARRA, Care Home Census, High Health Gain</td>
<td>6.0</td>
</tr>
</tbody>
</table>
## Analytics and Intelligence Services (wte) 2

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Sub Team</th>
<th>wte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Indicators</td>
<td>Discovery (Benchmarking and Quality Improvement), Better Quality Better Value, Hospital Score Card, Cancer Quality Indicators</td>
<td>10.1</td>
</tr>
<tr>
<td></td>
<td>Hospital Standardised Mortality Ratio, Clinical Profiles</td>
<td>5.5</td>
</tr>
<tr>
<td></td>
<td>Secondary Care</td>
<td>8.0</td>
</tr>
<tr>
<td>Population Health</td>
<td>Child Health</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>Maternity and Unintentional Injuries</td>
<td>4.2</td>
</tr>
<tr>
<td></td>
<td>Cancer, Heart disease, Stroke</td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>Detect Cancer Early, Cancer Screening</td>
<td>4.9</td>
</tr>
<tr>
<td></td>
<td>Immunisation and AAA Screening</td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>Scotpho</td>
<td>4.6</td>
</tr>
<tr>
<td>Prescribing</td>
<td></td>
<td>15.8</td>
</tr>
<tr>
<td>Local Intelligence Support Team</td>
<td></td>
<td>77.7</td>
</tr>
<tr>
<td>Scottish Healthcare Audits</td>
<td></td>
<td>24</td>
</tr>
</tbody>
</table>
## Analyst Skills Framework 1

<table>
<thead>
<tr>
<th>Core skill</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working with data and analytical skills</strong></td>
<td>Understanding data, data quality and how it is developed</td>
</tr>
<tr>
<td></td>
<td>Using information technology, relevant to your role, to analyse and manage data effectively.</td>
</tr>
<tr>
<td></td>
<td>Producing analysis and providing data interpretation that meets customer requirement</td>
</tr>
<tr>
<td></td>
<td>Presenting data that provides intelligence</td>
</tr>
<tr>
<td></td>
<td>Using data for improvement</td>
</tr>
<tr>
<td><strong>Communications and engaging with others</strong></td>
<td>Communicating effectively</td>
</tr>
<tr>
<td></td>
<td>Skills for effective meetings</td>
</tr>
<tr>
<td><strong>Delivering a customer focused services</strong></td>
<td>Putting the customer at the heart of your service delivery</td>
</tr>
<tr>
<td></td>
<td>Building strong customer relationships</td>
</tr>
</tbody>
</table>
## Analyst Skills Framework 2

<table>
<thead>
<tr>
<th>Core skill</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing yourself and others</td>
<td>Organising your time and workload</td>
</tr>
<tr>
<td></td>
<td>Effective team working and team development</td>
</tr>
<tr>
<td></td>
<td>Demonstrating leadership qualities and managing others</td>
</tr>
<tr>
<td></td>
<td>Continuous quality improvement</td>
</tr>
<tr>
<td>Working securely and safely</td>
<td>Understanding and following policies and procedures</td>
</tr>
<tr>
<td></td>
<td>Ensuring security of information</td>
</tr>
<tr>
<td></td>
<td>Working safely</td>
</tr>
</tbody>
</table>
The funding for the Analytics and Intelligence resource outlined above comprises:

• 37% from Baseline NSS funding from SG
  – monitored via SLA (copy on knowledgehub)
  – subject to CRES, pay rises, and other pressures 8-9% annually
  – resulting in increased efficiency but also year on year decrease in service

• 39% from Additional Allocations
  – monitored via SLAs, Programme/Project Boards, meetings with sponsor policy leads

• 24% from other income from NHS Boards and other organisations

• National Healthcare Audits 100% baseline funding

• Limited ability to utilise funding for innovation and new product/service development
List of supporting documents available on knowledge hub

• Organisations / Examples of H&SCPH Services
• Organisations / Examples of H&SCPH Services (references)
• NSS PHI Analyst Skills Framework
• ISD Publications August 2017 to July 2018
• 20180824 Health Care Improvement Scotland Summary
• 20180820 HIS Draft Structure for 4 Unit Heads
• Examples of ISD Impact in H&SCPH Aug 18
• Population-health-Briefing-post-AOMRC-final
• Link to Faculty of Public Health

https://khub.net/group/public-health-scotland-reform