Improving Services (Health and Social Care Public Health) Commission

Deliverable 3: Documentation outlining an approach to customer engagement, including stakeholder mapping.

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1. Purpose

The purpose of this paper is to answer to deliverable 3 of the commission: to provide 'documentation outlining an approach to customer engagement, including stakeholder mapping.'

As advised in the product description provided by the Public Health Reform Team, this paper will outline the who, what, when, how, resources and costs associated with customer engagement activity for the Improving Services (Health and Social Care Public Health) commission.

2. Product

The aim of this work is to describe how the Improving Services (H&SCPH) commission will work with a range of stakeholders and customers to better understand the current state and gain insights in order to describe and produce options for delivering a strong, effective and forward looking Health and Social Care Public Health 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.

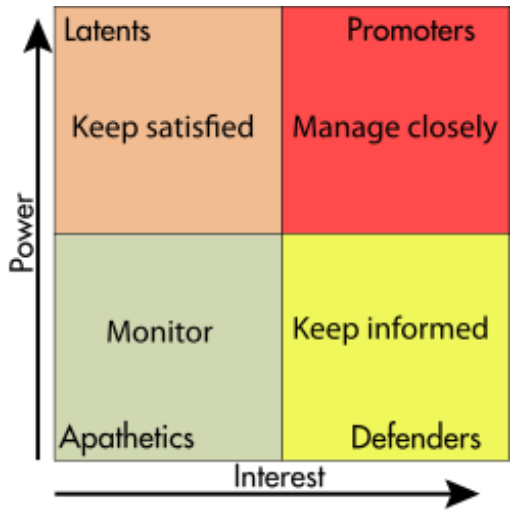
3. Who

The group is still refining the definition and scope of Health and Social Care Public Health (see Deliverable 2), nonetheless, we have adopted the approach used by the Underpinning Data and Intelligence commission group and have started to define our stakeholders to include those individuals and organisations that have an interest in Health and Social Care. We see five main segments:

1. Those who provide a H&SCPH service
2. Those directly affected by the establishment of Public Health Scotland
3. And those who benefit from receiving this service
    a. Decision makers who develop strategies and policies, commission, decommission, make decisions on redesigning services
    b. Health and social care services providers
    c. Populations who use health and social care services

The stakeholder analyses will inform how we will involve this wide range of stakeholders in helping us to achieve our objectives (extract of relevant objectives in appendix 1). We will use the Mitchell and Agle approach to classifying stakeholders using two dimensions: power and interest (Figure 1), with an additional component around need.

Figure 1 – The Mitchell and Agle stakeholder classification



The stakeholders in relation to Improving Services (H&SCPH) are very similar to those for public health reform overall, as listed in the Communications and Engagement Strategy, however there are stakeholders with a more specific interest in the H&SCPH function. For example, those organisations who currently provide services with the H&SCPH domain, examples of which are shown in Table 1.

Table 1 Examples of organisations currently providing H&SCPH services

Organisation	Components and Tasks
NSS Public Health and Intelligence – ISD	Analytics and intelligence; forecasting; modelling; datasets and management: NHS, H&SC Partnerships, CPPs, Local Authorities Participation in National Decision Forums. Scottish Public Health Observatory (ScotPHO) collaboration.
Health Scotland	Health improvement; evidence of outcomes; prevention - whole system support National Decision Forums. Hosts ScotPHN - knowledge exchange and coordination. Scottish Public Health Observatory (ScotPHO) collaboration.
NHS Board Public Health Departments: Consultants in Public Health Consultants in Public Health Medicine Consultants in Public Health Dentistry Consultants in Pharmaceutical Public Health Data Analysts: Health Intelligence; Business	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.

Organisation	Components and Tasks
Intelligence; Information Intelligence. Public Health Researchers. Public Health Specialty Trainees (SpT)	
Other NHS Board linkages:	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
Integrated Joint Boards / Health & Social Care Partnerships	IJB Chief Officers; IJB Strategic Planning Groups; H&SCP Planning Leads
Healthcare Improvement Scotland	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
Improvement Service	Provide a range of products and providing advisory services including consultation and facilitation, learning and skills, performance management and improvement, and research
NHS Board Improvement Leads	Service Improvement methodologies
Research and Academia	Evidence base of need, services, outcomes
Analytics - Internal/External consultants	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

We have identified a number of other initiatives which we will need to be cognisant of and potentially engage with key leads of:

- Clinical Strategy, Realising and Practicing Realistic Medicine
- National, Regional. Local planning
- Digital Health and Social Care Strategy

- NES Digital Service
- National Boards Collaboration Plan
- National Screening Programmes Review
- Shared Services Review

The group has still to map identified stakeholder to the quadrants in the Mitchell and Agle model, this will be taken forward in September. To date the following stakeholders have been identified (by segments stated above):

Those who are directly affected by the establishment of Public Health Scotland:

- NSS ISD and Health Scotland – Their Boards, Executive Management Teams and all other staff

Those who provide a H&SCPH function

- Directors of, Consultant in Public Health
- Scottish Centre for Population Health
- Healthcare Improvement Scotland
- Health Economic Network Scotland
- NHS/LA Service improvement leads
- Improvement Service
- Public Health England
- Academics

Those who benefit from a H&SCPH function: decision makers who develop strategies and policies, commission, decommission, make decisions on redesigning services

- CMO
- Directors, Deputy Directors, Policy Leads: SG Primary Care, Health and Social Care, Communities Divisions
- H&SCP planning leads
- NHS Board CEs and executive teams
- Council CEOs
- IJB Chief Officers
- Community Planning Managers
- Local and National Politicians
- Managed Clinical Networks
- Community Planning Partnerships
- Social Work Scotland
- NHS Education Scotland
- RCGP/BMA

The role of the Media will be explored further, given our proposed priority on commissioning and decommissioning.

Those who benefit from a H&SCPH function: Health and social care services providers

- Clinicians (primary and secondary care)
- Acute division directors
- 3rd Sector
- Primary Care
- NHS24
- Scottish Ambulance Service
- Social care providers / public and private sector

Those who benefit from a H&SCPH function: Populations who use health and social care services

- Public
- Local community groups

Key messages:

Promote the value of H&SCPH

Opportunity to input into describing 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

Reiterate PHR vision and mission

Key questions:

Outlined in questionnaire at section 4 What

More specific questions will be developed building on questions proposed at workshop 2 – see Knowledge Hub 'Supporting documents for D3'

Required outcomes:

Deeper understanding of current state

Deep understanding of requirements for future state, short, medium and longer term

4. What

We have developed a script for face to face stakeholder engagement interviews, templates for guiding the discussion and gathering feedback and a presentation to provide background information and act as a prompt to the discussion. The questionnaire framework is designed to gather information and opinions to inform the delivery of the group's objectives. See appendix 2 for detail on the questionnaire.

Some members of the group have started to gather insights from the above which have informed discussions in two workshops.

5. When

A detailed stakeholder mapping exercise will be completed as part of an iterative process beginning with the individual interviews and a planned workshop early September.

Subsequent stakeholder engagement may be planned in line with the other commissions and will occur after development of our options appraisal (October onwards).

6. How

A multi-stranded approach is proposed, as follows:

1. Expand the membership of the group to reflect its wide remit and include representatives of directly impacted stakeholder groups, specifically representation from Medical Directors, Regional Planning and the Third Sector (Third sector representative now confirmed, awaiting response to other invitations).

2. Individual members of the group will explicitly engage within his/her own networks using a semi-structured questionnaire, where appropriate, that focuses on gathering feedback on the objectives set for the commission (appendix 1).

3. Members of the group will seek opportunities to add this work onto relevant agendas, e.g. CMO and DPH group, Medical Directors group, Chief Executive group, SIIG.

4. The potential for this commission to take part in cross commission stakeholder engagement events is being discussed with leads from the other Commissions. This will avoid duplication of effort where it is likely that there will be overlaps with particular stakeholders groups.

5. Where the group identifies stakeholders that are specific to the domain of Health and Social Care Public Health, the group will
   a. arrange and host specific event(s)
   b. carry out one to one discussions

7. Resource

The following resources are needed to deliver a final stakeholder position to the Public Health Reform Programme Board:

- Time of the Commissioning Team
- Further additional time from Lorna Jackson and Allister Short (co-chairs), Safia Qureshi and Catherine Thomson (project support) for work stream support, preparation, paper writing, organisation, engagement, document revisions etc
- Support of NSS project office (project manager, project support officer) and Rachel Marr (Lorna Jackson's PA)
- External facilitators and venues for any events

8. Cost

Potential cost of a stakeholder engagement event plus external facilitator costs for workshops TBC, estimated £4k.

Appendix 1

Objectives for this commission

1. Identify how HCPH functions are currently delivered and describe how those functions support delivering appropriate effective and high quality health and social care services

2. Work with a range of stakeholders and 'customers' to better understand and plan what is needed in order to improve the HCPH function working towards better health gains for people and communities

3. Use these insights to describe the functional arrangements for HCPH now and in terms of future options for the new body, including proposed benefits and related benchmarks

4. Develop a transition plan to deliver these future functional arrangements into the new body;

5. …identify what is working well in terms of supporting effective policy development and delivery at national, regional and local level to improve health outcomes and reduce health inequalities (proposed benefits and benchmarks)

6. Describe how the new functional arrangements will better support national, regional and local policy development and implementation (proposed benefits and benchmarks)

7. Describe how the new functional arrangements will better identify areas for health gain and support related activity at national, regional and local level (proposed benefits and benchmarks)

8. Describe how the new functional arrangements will support Integrated Joint Boards and Community Planning Partners (CPPs/ local systems) in meeting their communities' needs (proposed benefits and benchmarks)

9. …identify what may be working less well and any mitigating actions that should be taken e.g. further improvement work or closing down of an existing offering;

Appendix 2

Semi structured questionnaire

1 Introduction, covering the purpose and objectives, information will be anonymous
2 Tell me a little about your role (if interview is at an individual level), if discussion with a group enter its remit
3 One of our first objectives is to find out from key stakeholders how you see the current Health and Social Care Public Health functions supporting the delivery of appropriate effective and high quality health and social care services. This support can come from a variety of sources – see slide 6 Can you give me one or more examples of when you have had this type of support and what happened as a result
Example 1, 2, 3…
4 We also want to understand and plan what is needed in order to improve the H&SCPH function working towards better health gains for people and communities, what are your thoughts?
5 What do you think is working well at the moment in terms of supporting effective policy development and delivery to improve health outcomes and reduce health inequalities:
a) at local level
b) at regional level
c) at national level
6 How do you think any new functional arrangements might better support national, regional and local policy development
a) at local level
b) at regional level
c) at National level
7 How would you see any new functional arrangements could better identify areas for health gain and support related activity at national, regional and local level
a) at Local level
b) at Regional level
c) at National level
8 Can you think of any ideas as to how any new functional arrangements could support Integrated Joint Boards and Community Planning Partners (CPPs/ local systems) in meeting their communities' needs

9 Can you tell me your views on what may be working less well and any mitigating actions that should be taken e.g. further improvement work or closing down of an existing offering
10 Is there anything else you'd like me to document that we haven't covered?
11 And finally, are there any key stakeholders (individuals or groups) that you think we need to speak to?
Thank you so much for your time. I'll write this up and get it back to you as soon as possible to check I've captured everything right.