Public health reform
Strengthening and re-focusing the public health function in Scotland

Public Health Reform Programme Underpinning Data and Intelligence Commissioning Brief

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1. Purpose

To commission National Services Scotland (NSS), Health Scotland (HS) and the Improvement Service (IS) to undertake work to describe and produce options for delivering a strong, effective, forward looking data and intelligence domain 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.

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 21st 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 this commission

Data, information and intelligence are a key component of our public health reform agenda. If we are to truly improve the health of the Scottish population, we need to understand what drives poor health. The data and information systems across the NHS, Local Government and beyond have the potential to help us do this better and to help us target the use of public resources within the NHS and beyond it. By making better use of our existing data and analytical capability and developing new approaches to data science, we can support new and existing collaborations across national and local partners. We can improve our understanding of the interaction between healthcare and social care and the impact of factors such as housing, poverty, educational attainment, employment and the provision and use of mental and physical health care services in the prevention of ill-health and inequalities.

Our public health approach to date has not delivered the significant and major improvement gains needed to bring Scotland's health in line with other Western European countries or to address Scotland's health inequalities. With this in mind, work is now required to set out how a data and intelligence function should be best organised in the new public health body and in the context of the wider system, to meet the needs of national, regional and local partners and customers. In line with the 2015 Public Health Review, we need an approach to data and intelligence which:

- Enables action and interventions to be informed by the best possible public health intelligence at national level (national level data sets), regional and local level (translation of data into local level action)
- Is coordinated to ensure that the public health data and intelligence activities undertaken in Scotland are relevant to priorities and duplication is minimised
- Fosters an environment for exchange of information, expertise and (potentially) resources between organisations

7. Blueprint

On behalf of the Public Health Reform (PHR) Programme Board, the 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 PHR programme is expected to achieve (the blueprint). Annex A sets out the capabilities in the blueprint relating to data and intelligence 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 data and intelligence related 'think pieces' work and other work already undertaken in this area, the PHR Programme Board would now like the following objectives achieved by this commission:

1. Identify current data and intelligence functions and describe how those functions support improving health, protecting health and delivering appropriate effective and high quality health and social care services.

2. Work with a range of 'customers' to better understand and plan what is needed in order to improve the data and intelligence function working towards better health gains for people and communities;
3. Use these insights to describe the functional arrangements for Data and Intelligence now and in terms of future options for the new body, including proposed benefits and related benchmarks;
4. Take into account the conclusions from the Public Heath Shared Services work on health intelligence (due to report to the NHS Scotland Chief Executives Group April 2018);
5. Develop a transition plan to deliver these future functional arrangements into the new body;
6. In transition terms, identify what is working well in terms of supporting effective policy development and delivery at national and local level to improve health outcomes and reduce health inequalities (proposed benefits and benchmarks);
7. Describe how the new functional arrangements will better support national and local policy development (proposed benefits and benchmarks);
8. Describe how the new functional arrangements will better identify areas for health gain and support related activity at national and local level (proposed benefits and benchmarks);
9. Describe how the new functional arrangements will support Community Planning Partners (CPPs/ local systems) in meeting their communities' needs (proposed benefits and benchmarks);
10. In transition terms, 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;
11. Set out proposals for maintaining and improving the advocacy and independence of the data and intelligence function.

9. Deliverables

Deliverable 1 - Documentation setting out membership of the project team, its governance structure and a timeline for draft and final deliverables.

Deliverable 2 – Documentation outlining current data and intelligence functions and how those functions support service delivery

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

Deliverable 4 - Documentation outlining customer requirements.

Deliverable 5 - Documentation setting out current and proposed future state for the data and intelligence function, including proposed benefits and benchmarks, related organisational structure diagrams, senior management roles and responsibilities, staffing models and levels, additional skills and training requirements, additional IT systems, infrastructure and processes needed, additional physical equipment and building that will be needed and any additional business processes, support processes or service management functions needed. Provide related financial costings as appropriate for any additions to the current arrangements.

Deliverable 6 - Product list, timeline and risk register for the transition of current and any proposed new data and intelligence functions from National Services Scotland and Health Scotland to the new public health body.

Deliverable 7 - Update and finalise the related due diligence intelligence set out at Annex C.

10. Outline Delivery Plan

Dates for the submission of draft and final deliverables are to be advised by the NSS, HS and the IS 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.

Additionally, the commission is an important opportunity to build effective relationships between the different constituent bodies who will come together to form the revised data and intelligence function within the new body (NSS and HS). Therefore, it is the PHR programme board's expectation that there will be close working between these organisations in the delivery of this commission and that all products produced as a result of this commission will be agreed by them collectively, which will support the development of a strong and cohesive culture within the new body.

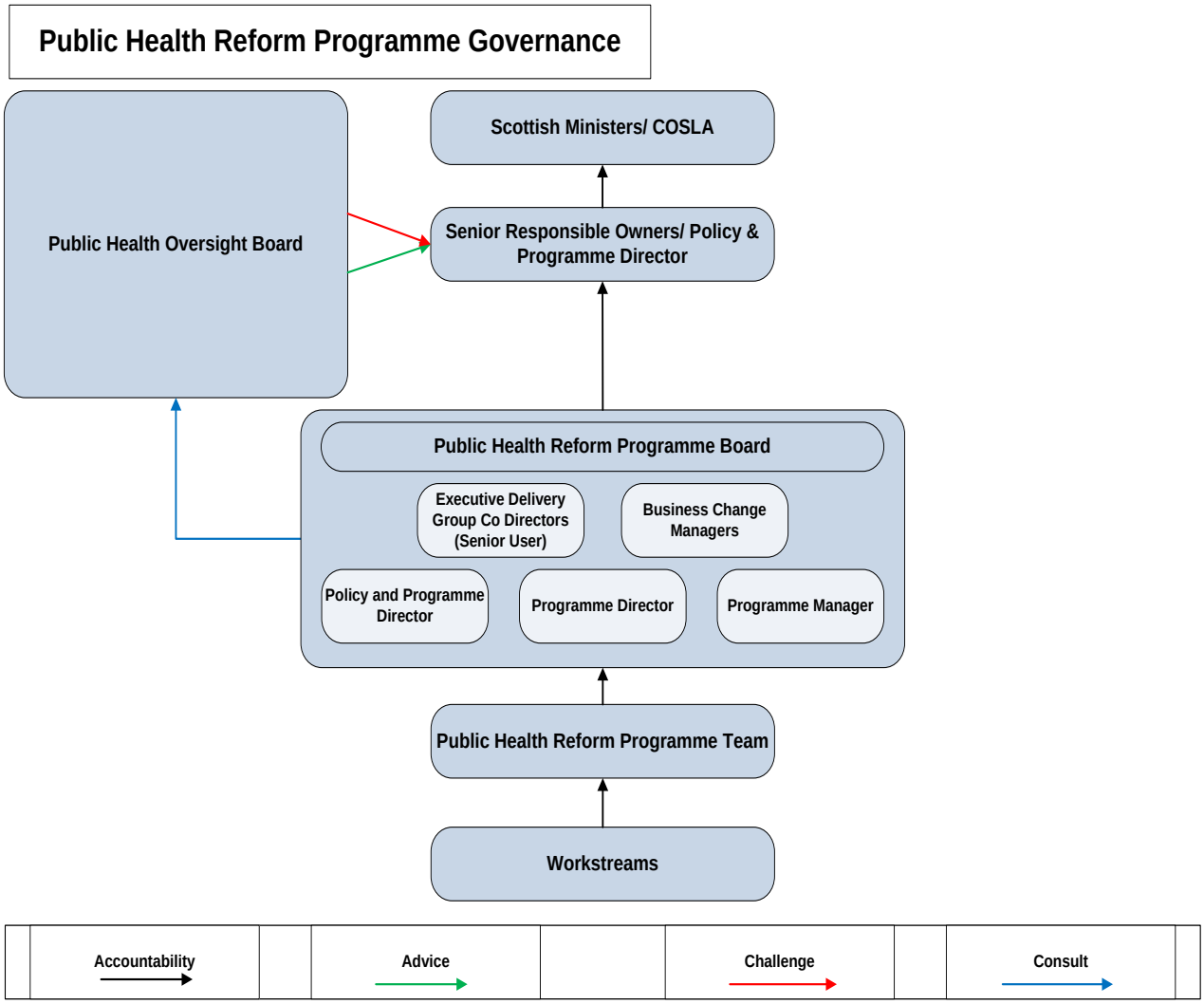
12. Other National strategies and programmes

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 link with and reflect (where appropriate) the work, evidence and related findings of the following strategies and programmes:

- National Board Collaboration around Shared Services
- eHealth (Digital Health and Care) Strategy

13. Governance & reporting

The NSS, HS and the IS project team 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 the PHR programme team (publichealthreform@gov.scot)

14. Support

The PHR 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 PHR 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 PHR Programme 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 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.

ANNEX C - DUE DILIGENCE

(Organisation)

Key Facts

	Key Facts	Additional Notes
Name		
Head count		
Budget		
Based		
Status		
Roles		
Scope		

Governance

Legal status		
Accountability		
Corporate Documents		
	Corporate Risk Register	
	Equality Outcomes	
	Partnership Agreement	
	Impact Report	
	Workforce Plan	
	Relationships	
	Stakeholder Engagement Plan	
Obligations		

Corporate Services

IT	Service and Support	•
	Running costs	•
	Transfer costs	•
	Barriers	•
	Equipment	
	Running costs	
	Transfer costs	
	Barriers	
	Infrastructure	•
	Running costs	
	Transfer costs	
	Barriers	
	Storage	
	Running costs	
	Transfer costs	
	Barriers	
	Applications	
	Running costs	
	Transfer costs	
	Barriers	
Telecoms	Service and Support	•
	Running costs	
	Transfer costs	
	Barriers	
	Equipment	
	Running costs	
	Transfer costs	
	Barriers	
	Infrastructure	
	Running costs	
	Transfer costs	
	Barriers	
Procurement	Service and support	
	Running costs	
	Transfer costs	
	Barriers	
	System	
	Running costs	
	Transfer costs	
	Barriers	
Finance	Service and support	
	Running costs	
	Transfer costs	

	Barriers	
	System	
	Running costs	
	Transfer costs	
	Barriers	
HR Services	Service and support	
	Running costs	
	Transfer costs	
	Barriers	
	System	
	Running costs	
	Transfer costs	
	Barriers	
Legal	Service and support	
	Running costs	
	Transfer costs	
	Barriers	
Estates	Service and support	
	Accommodation	
	Space	
	Cost	
	Break point (date)	
	Costs of Breaking	
	Transfer costs	
	Locations	
Security	Service and support	
	Running costs	
	Transfer costs	
	Barriers	
Organisational Improvement	Service and support	
Communications	Service and support	
Strategic Performance	Service and support	
Digital and Marketing	Service and support	
MoUs		
		•

Concordats		
WLAs		
SLAs		

Human Resources

Staff numbers by grade

Band	Number
2	
3	
4	
5	
6	
7	
8a	
8b	
8c	
8d	
Consultant	
Executive	
Total	

Staff numbers by role

Role	Number
Medical & Dental	
Management (non-AfC)	
Personal & Social Care	
Administrative Services	
Total	

Terms and Conditions	Executive level (EL)	
	Staff costs	
	Transfer costs	
Training	Service and Support	
	Training targets and commitments : Annual PDP target of 90% receiving review, PDP and Objectives	
	Qualifications and short courses budget 2017/18	
	Qualifications commitment in 2018/19	
	Staff costs	
	Transfer costs	
	Barriers	
Trade Unions	Unison	

Miscellaneous

Workforce Plan		
	Redeployment commitments	
Workforce Risks		
	Current ER issues, tribunal claims, equal pay claims etc.	
Workforce engagement	iMatter survey results	

Policies

Policy Family	**Policy Name**
Equality, Fairness & Dealing with Concerns	Dealing with Bullying and Harassment Policy
	Dealing with Employee Grievances Policy
	Embracing Equality, Diversity and Human Rights
	Gender Based Violence
	Management of Employee Capability Policy
	Management of Employee Conduct Policy
	Protocol for Non-Executive Board Members Dealing with Concerns Raised by Staff or Former Staff
	Whistleblowing Policy
	Fire Safety Policy & individual office Fire Plans
Health & Safety	Health & Safety Policy
	Managing Stress at Work Policy
Health at Work	Promoting Attendance Policy
	Protecting against Violence & Aggression at work
	Driving for Work
	Controlling Substances Hazardous to Health
	Incident Management
	Promoting Safe Manual Handling
	Lone Working
	Substance Misuse Policy
	Tobacco
	Facilities Arrangements Policy (Time off for Trade Union and Professional Organisation Representatives)
Partnership Working	Partnership Working Policy
	Motor Car Policy
Standards & Expenses	Relocation Expenses Policy
	Standards of Business Conduct Policy
	Induction Policy
Training & Development	KSF Policy
	Mandatory Training Policy
	Support for Qualifications and Courses Policy
	PDP and Review Policy
	Annual Leave
Work/Life Balance & Leave	Special Leave
	Adoption Leave and Fostering Policy
	Flexible Working Policy

	Maternity Guidelines
	Fixed Term Contracts Policy
Workforce Planning	Job Evaluation and Matching Policy and Procedure
	Organisational Change
	Recruitment and Selection Policy
	Redeployment Policy
	Retirement Policy and Procedure
	Secondment Policy
	Voluntary Redundancy Policy
	Volunteer Policy