

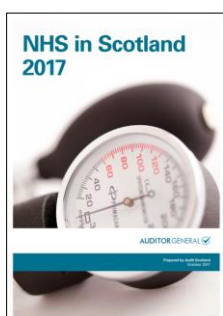
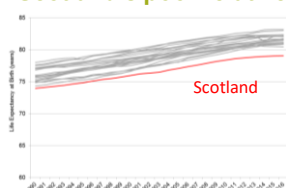
Paper 5 – Improving Services Deliverable 4 Customer Requirements – December 2018 Public Health Reform Programme Board – 17th December 2018

PHR Improving Services Commission, Deliverable 4, Stakeholder Requirements
30th November 2018

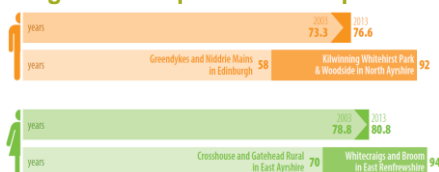
NOTE: this is iteration 1 of D4, there are a number of further discussions arranged and additional feedback is anticipated, the information is currently being used, in parallel, to inform Deliverable 5

What does Public Health Reform need to address....?

Scotland's poor relative health



Significant & persistent inequalities



Unsustainable pressures on health and social care services



Purpose of the Commission: to describe and produce options for delivering a strong, effective, forward looking 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.

Stakeholders

We have sought feedback from a range of stakeholders

- those who provide this function at national and local level
- others who provide related specialist skills in service improvement
- and those who currently utilise this function

The following

1. Re-states the recommendations from the Shared Services Review
2. describes some feedback from specific discussions by organisation
3. sets out the themes which were common across a range of discussion - while we have distilled the comments into themes we have tried to retain and reflect the wording and language the stakeholders used
4. sets out areas where stakeholders stated differing views

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1 Recommendations from Share Services Review

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...”

2 Feedback from specific organisations

Healthcare Improvement Scotland feedback

- Map and share with the wider system HIS and PHS Improving Services functions to identify areas of interface and explore opportunities and aspirations for the future
- Common ground/functions identified include
 - Community led, user centred design
 - National guidance
 - Transformative re-design
 - Digital innovation
- Areas of expertise where duplication could be reduced and effectiveness strengthened might include for example, HIS role in user-led processes, PHS role in population needs assessment, an opportunity for further development in the future

NSS National Services Division feedback

- Establish a systematic resource to be hosted by the new body or via a more formalised network
- available at the start of a programme
- ensuring alignment to the public health priorities
- and supporting prioritisation of work, which could include PHS commissioning/influencing NSD workplans

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3 Feedback from range of stakeholders in themes

The following sets out the comments we received, using the attached slide deck as a prompt for discussion:

Key features of the function stakeholders stated as requirements

- Unique selling point
 - Population focus
 - With an emphasis on ensuring equitable, sustainable, effective, efficient and value for money services
- On a mission to shift the balance of care, power, resource upstream

We need to help the NHS system make difficult decisions re disinvestment as well as investment. To be more effective our service needs to be embedded in National planning and resource allocation as well as at local NHS Board and Health and Social Care partnership levels – Consultant in Public Health

- Strong on leading and supporting local community engagement. The quantitative evidence does not always provide insights which are relevant at data zone level, it often misses small populations who have additional needs related to health and/or services, for example, people who are homeless, people with learning difficulties etc, and the data might point to one issue but when communities engage other priorities emerge

We are increasingly supporting people just to survive never mind thrive – Third Sector

- Passionate about co-production, involving communities, Community Empowerment (note: the group will be exploring the User Centred Design approach with the Office of the Chief Designer)
- Collaborate with a wide range of NHS disciplines, other public sector and increasingly third sector agencies to agree priorities and implement recommendations from a service proposal or review
- Co-produce strategy, prioritisation with local/relevant population input
- Focus on sustainability
 - of improved and new services
 - and building in the green agenda
- Data and Intelligence provides the narrative and story, to win hearts as well as minds, and presented in a way that is impactful and provokes action

We don't just need more evidence, we need to be able to present that evidence in a way that people relate to and will create a reaction and action – SG policy lead

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- Lead and support demonstrating the impact and evaluation of change/improvements, measures outcomes
- One Service doesn't fit all: lead on service change and improvement to take into account people's different experiences of a standard service depending on their personal circumstances and the local political and funding context
- Proactive and provocative, helps people to make difficult decisions, including for investment and disinvestment, and to take risks and accept that we can't always get things right
- Drive Realising Realistic medicine so that it is embraced by both primary and secondary care clinicians as well as service users
- Provide an interface between services based on population need, preventative services and the Improving Health function addressing the wider determinants of health
- Provide a strong, rights-based focus on correcting inequalities and achieving health equity

*Although we have universal provision of health care, we don't have equal access, experience and outcome. How can we assert the right to health through a stronger HCPH domain –
Director of Public Health*

- Drive reducing unwarranted variation
- Drive reductions in e.g.
 - prescribing and polypharmacy
 - unwarranted GP consultations.
- Produce expert guidance and advice
 - on the efficient and effective provision of services and resources to secure best value from public finances
 - assessment of population need against demand including demand management programmes to manage waiting times and queues
 - population health gain from planned services, both existing and new
- Exploit the potential of information currently held and not restricted to health sector
- Provide accurate and timely information analysis to improving decision making and drive improved outcomes
- Provide an adaptable regional focus, responsive to emerging regional arrangements
- National and locally influence and support planning and commissioning aligned to priorities and community/population needs

Services, language, layers of clinical services can be impenetrable to the general public, joint needs assessments should be co-produced based on community needs not health service needs – Third Sector

- Collaborate in a multidisciplinary, cross agency approach
- Drive a cohesive approach nationally, regionally, locally

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Leadership

- Shared vision for Improving Services function, co-produced, visible
- Whole system thinking and approach
- Multidisciplinary, collective leadership approach, preserving and enhancing specialist skills
- Promote, champion, build relationships to ensure deep understanding of and what this function has to offer
- Brave and bold in supporting and influencing making sometimes difficult decisions
- Influencing skills in a politically sensitive environment
- Take a lead role in workforce development, relating to the NHS and community based services commissioned and provided by integrated bodies, third sector
- Lead and influence decision making around new tech and innovations, particularly those with high cost, in collaboration with
 - Scottish Health Technology Group
 - Digital Health and Care Institute
 - Datalab
 - Scottish Health Innovation Ltd
- Recognised as a learning, innovative, entrepreneurial organisation
- Build and enhance strong collaborative relationships and partnership working with other health and wellbeing related organisations that are responsive and deliver measurable results
- Work across other public health functions/domains e.g.
 - the critical pathway for new ways of delivering vaccine programmes will be the front line, delivery of the intervention by a competent, confident community based workforce, backed by a supportive service environment where all CPPs as well as IJBs buy in and own the success of the programme.
 - The preventative agenda e.g. Every Contact Counts

The power of a national level resource

- Operate within the complexity of
 - Individual and population level realities, circumstances, cultures, expectations
 - planning and decision making at National, Regional, Local level
 - other organisations who provide support to improve services
 - remote and rural, and towns and cities
 - range of service providers – NHS, LAs, 3rd sector, Private sector
- Provide national level advice and guidance on priorities, what works, with support to translate to local circumstances
- Lead strategic needs assessment
- Engage and lead engagement with the public, including on financial issues, constraints, prioritisation
- Facilitate learning across the system(s)
- Independent advice, providing backing and evidence for making difficult decisions
- Horizon scan and anticipate and influence what decision makers will need
- Lead/support commissioning and decommissioning at National, Regional, Local level
- Once for Scotland approach, when appropriate
- Consistency of approach and resource, reducing duplication of effort, increasing efficiency
- Join up expertise across Scotland

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- Drive joined up, evidence based policy
- Provide a deep analytical capacity to provide insights that are impactful and attractive

We want to make a shift of 5% of our budget into more prevention work. This needs the backing of a story, the narrative that will engage with people at an emotional level – Health and Social Care Partnership planning lead

- Exploit and further enhance Scotland’s experience and investment in collating and analysing health service information with wider data sources together with in house expert analysis and access to support from specialists based throughout NHS Scotland and the UK.
- Respected as and given the freedom and support to be an independent, professional body, particularly given the sometimes difficult messages and decisions around improving services and commissioning new and decommissioning services
- Respected as a national and international centre of excellence
- A key player in a relationship of equals with other National Boards, agreeing priorities corporately, driving efficiency through synergies

4 Areas where stakeholders stated differing views

Scope of this domain/function

The Faculty of Public Health’s title of this domain is Healthcare Public Health, although the definition does use the phrase ‘health and social care’. The Commission paper uses both this title and Health and Social Care Public Health. The title of the commission/group is Improving Services.

- Should we use the title ‘Health and Social Care Public Health’?
- Does this function provide a service beyond health and social care, e.g. in Housing, Third Sector who it has been argued would benefit from this function?
- There is a question mark as to the extent to which Specialists in Public Health have the knowledge/remit to work wider than the NHS?
- How does this function relate to Improving Health?

Improvement or transformation

- There is unsustainable pressure on Health and Social Care services. While continuous improvement is critical
 - Should this function go clearly beyond improvement?
 - Should it be looking to drive ‘transformation’ ‘constructive disruption’?

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Relationship of the function in the wider system

A range of views have been given as to the model and working relationships of this function that would best support fulfilling its mission.

- Should it
 - be a resource providing advice, guidance, leadership supporting local teams where required?
 - have a specific level of resource and relationship management which is aligned to key parts of the wider system, i.e. Health Board Departments of Public Health and Integration Authorities/Health and Social Care Partnerships?
 - be an embedded resource within the local organisations?

A network approach

- Should we build on and enhance the existing network approaches?
- Or set up a more 'obligate' approach – how might this operate for this function?

Role, relationship with data and intelligence within the Improving Services function

- While data scientists/analysts are not Specialists in Public Health should they be considered part of the 'specialist' workforce that play a leadership role in this function?

Public Health Data and Intelligence and Business Intelligence

- To what extent does the work, of ISD Scotland in particular, provide Public Health Intelligence?
 - The classic example is monitoring waiting times
 - Is this a function of Improving Services
 - Or Business Intelligence to manage the service

Leadership

- Should the Executive level leadership of this function be a clinician?
- Many Public Health Specialists and an increasing number of Directors of Public Health do not have a clinical background, is there something different about this function within Public Health Scotland?
- Does an executive level lead need to be a Specialist in Public Health?

Screening

The Improving Services Commission Group has been waiting for the outcome of the Scottish Screening Committee Review of Screening Report to be released. The group will consider this as part of our remit.