# PHS Target Operating Model 1.0

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## PLEASE NOTE

This document is a draft for staff and stakeholder engagement.

It is not the final Target Operating Model for Public Health Scotland. It does represent the current idea of what that target operating model will look like.

Staff and stakeholders have said they want Public Health Scotland to be collaborative, inclusive and innovative. We are trying to embody that in how we develop Public Health Scotland's Target Operating Model.

That means sharing thinking and listening to perspectives on it. Based on feedback on earlier versions of the Target Operating Model from the Public Health Reform Programme Board and commissions and project leads, it has already changed.

We are sharing this first major version to test the current thinking with stakeholders and staff during February and March 2019.

Between now and the final version which will be approved by the Programme Board, it will continue to evolve.

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## 1    INTRODUCTION

The vision is **a Scotland where everybody thrives**.  The ambition is for Scotland to be a **world leader** in improving the public's health.

Public health reform aims to create a **culture for health** in Scotland that recognises the social and economic issues that affect health and creates environments that drive, enable and sustain healthy behaviours in our communities, supporting individuals to take ownership of their own health and wellbeing wherever possible.  The innovative use of knowledge, data and intelligence will be a key tool in achieving this.

Public Health Scotland will be instrumental in supporting, enabling and driving change to achieve this vision, and supporting Scotland to have a public health system fit for the challenges of the twenty-first century.

The success of public health reform – and because of its instrumental role within the public health system, Public Health Scotland – will be judged against the three major challenges facing the Scottish public's health

- Scotland's relative poor health
- The significant and persistent inequalities in health outcomes in Scotland
- Unsustainable pressures on health and social care services

### 1.1    The Ambition for Public Health Scotland

To rise to these challenges Scotland needs a new national public health agency that

- Provides **strong public health leadership**. Public Health Scotland will be Scotland's lead national agency for public health. It needs to underpin the rest of the public health system with **high quality, effective and supportive** health improvement, health protection and health care public health functions and vital system-wide leadership roles in research, innovation and the public health workforce.
- Takes a **whole system approach**. Being the lead organisation does not mean by being the one organisation that solves the problems we face. Instead it means by supporting and enabling others in the public health system to take action together, across organisational boundaries and within communities.
- Takes an **external focus**, being an **inclusive and collaborative** national organisation that spends less time in isolation deciding what it wants to do and more time listening to what help others need from it.
- Builds **strong and lasting partnerships**, founded in mutual support and not simply on what Public Health Scotland wants to achieve.
- Has a **clear focus on supporting local systems** and plays a key role in enabling and supporting delivery at a local and regional level. National government plays an important role in Scotland's health. However, the frontline of public health is in local services.
- Is **intelligence, data and evidence led**. Public Health Scotland's authority and integrity are rooted in the evidence, intelligence and data it uses to drive change.
- Is **innovative**. To drive the change we need, we need to find new ways of doing things.
- Is **visibly a new and different organisation**—not because change is an end in itself but because without changing how things are now, we will not be able to meet the health challenges Scotland faces.

To achieve this ambition, this Target Operating Model (TOM) will help Public Health Scotland to

- **Take a whole system focus** by starting by describing Public Health Scotland's role in the wider public health system
- **Have an external focus** by talking about the contribution Public Health Scotland will make to the public health system not what the organisation itself wants to achieve (it will decide that in the future in collaboration with the wider public health system)
- Provide **strong public health leadership** by having Head of Profession roles who will be responsible for professional development and quality assurance, who are represented in Public Health Scotland's Executive Management team and in addition having a directorate tasked with helping with system-wide public health professional development, research and innovation
- **Be a visibly different organisation** by structuring Public Health Scotland based on system outcomes, because only by working together can we achieve our ambitions
- **Create strong and lasting partnerships, be inclusive and collaborative** by making the outcomes the organisation is structured against for how Public Health Scotland will support the wider system, nationally, regionally and locally not population health outcomes decided by the organisation
- **Have a clear focus on local support** by creating a directorate who will help local planners with analysis and specific support to take into account population health when planning services
- **Have high quality, effective and supportive health improvement, health protection and health care public health functions** by being based on the work of commissions led in partnership, looking at each of these functions
- **Be innovative** by (1) making helping system-wide innovation the role of a directorate, (2) making leadership for innovation a specific role to be included in Public Health Scotland's Executive Management Team, and (3) proposing that after it is created, Public Health Scotland adopts a multi-disciplinary team structure because public health is a multi-disciplinary effort and we need to break down professional silos and barriers to internal collaboration
- **Be grounded in high quality data** by creating a directorate to help Public Health Scotland manage all of its data efficiently and lawfully, making linkages across datasets and helping local areas to develop and enhance their data and data capabilities

## 1.2 The Road to Public Health Scotland

In 2015 the Public Health Review made recommendations to strengthen leadership for the public's health and refocus the public health function in Scotland.

The 2016 Health and Social Care Delivery Plan set out the actions the Scottish Government and COSLA will lead to deliver the recommendations from the Public Health Review. This included establishing the Public Health Reform programme to

- Agree public health priorities for Scotland that are important public health concerns and that we can do something about
- Support different ways of working to develop a whole system approach to improve health and reduce health inequalities
- **Establish a new national public health body for Scotland**, to be called Public Health Scotland, bringing together expertise from NHS Health Scotland, Health Protection Scotland and Information Services Division

In 2017 the Public Health Oversight Board was formed to provide advice and support to the reform programme. It is made up of representatives from national and local government, NHSScotland, health and social care, community planning, the third sector and national public health organisations.

To help create Public Health Scotland, the reform programme invited 'think pieces' on different aspects of Scotland's public health from people across the public health system.

In 2017 COSLA and Scottish Government leaders formed the Public Health Reform Programme Board. It is responsible for ensuring the reform programme and its related projects achieve the required outcomes.

Developing from the think pieces, in 2018 the Public Health Reform Programme Board asked partnerships from the existing national public health organisations and other members of the public health system to lead a series of commissions and projects. These were to engage with staff and stakeholders in the existing organisations and across the wide public health system to describe how Public Health Scotland could be designed to meet the ambitions of public health reform.

In June of the same year, the Scottish Government and COSLA published Scotland's Public Health Priorities. The priorities were the result of extensive work with a range of partners and stakeholders from across the whole system. The six priorities are

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

Whereas in the past national organisations would have generally identified their own outcomes, these represent shared priorities across the whole of the public health system.

Throughout the 2018, the commissions recruited stakeholders representing organisations from across the public health system onto commission governance groups, engaged hundreds through stakeholder engagement events, and captured the opinions of another hundred through a survey. They also heard from 350 staff across six staff engagement events and a further 450 through a staff survey.

This Target Operating Model (TOM) is based on the work of the commissions, projects and think pieces, shaped by the review of these by the Programme Board, and further informed by the broad ranging input guiding the direction of public health reform from the Public Health Oversight Board.

### 1.3    Public Health Scotland's Target Operating Model

Public Health Scotland's TOM aggregates the work of the public health reform commissions and projects to describe how the new national public health body will work to support and enable the wider public health system to deliver the ambitions of public health reform.

The TOM covers

1. The **Public Health System and Public Health Scotland's contribution to it**:
   o what the people with whom Public Health Scotland can work to create a genuine culture for health are trying to accomplish, the opportunities they have and the problems they face
   o what Public Health Scotland can do and create to enable and support the public health system
2. **How Public Health Scotland will work** to enable and support the public health system including its values, culture and operations
3. **How Public Health Scotland will be organised** covering how it will be structured
4. **Locations**: where Public Health Scotland's people will be located
5. **Information**: the systems and technologies needed to support Public Health Scotland's processes
6. **Suppliers**: the services and other inputs Public Health Scotland will need which are provided by other organisations
7. **Leading and Managing Public Health Scotland**: how Public Health Scotland will be governed, be led, make decisions and manage its performance
8. **Finances**: Public Health Scotland's budget, key costs, expected sources of savings
9. **Revenue and funding**: Public Health Scotland's levels and sources of funding

**This version of the TOM is a draft for stakeholder and staff engagement. We want to embody in the process of creating the TOM the culture stakeholders and staff want to see in Public Health Scotland: collaborative, inclusive and innovative. We have therefore been going multiple cycles of sharing iterations of this TOM and listening to reactions. That means this will not be the last version of the TOM. There will be future iterations.**
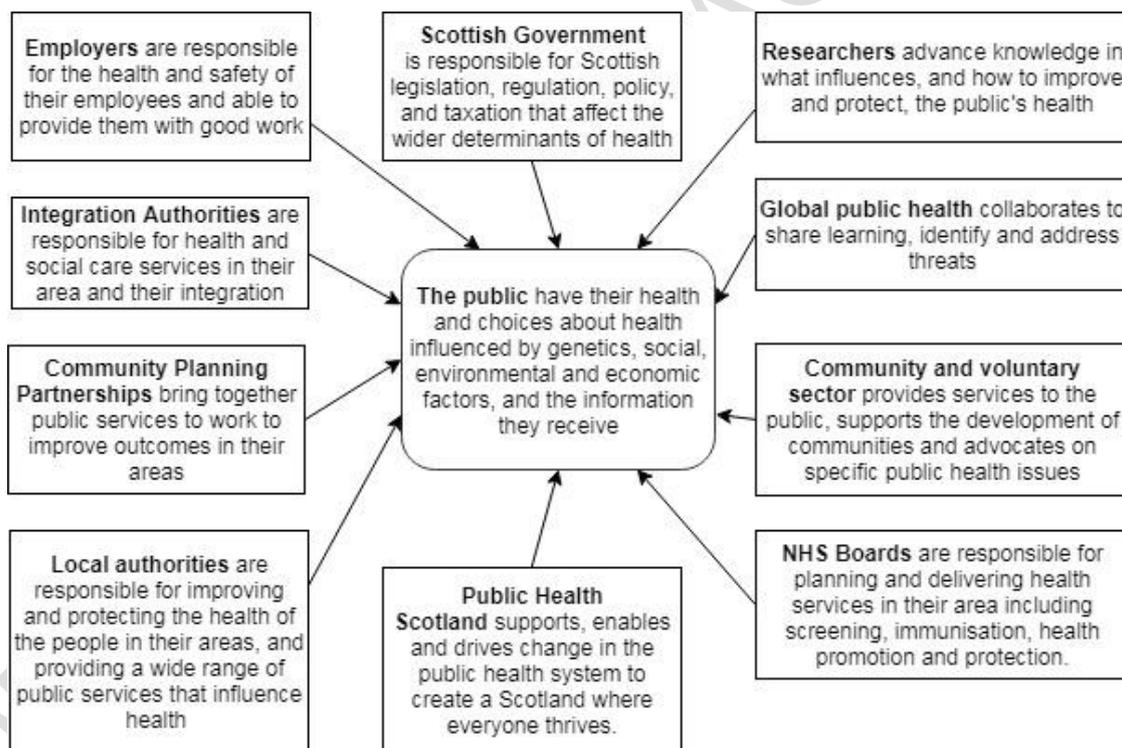
## 2   THE PUBLIC HEALTH SYSTEM AND PUBLIC HEALTH SCOTLAND'S CONTRIBUTION TO IT

Public health reform is not about any one organisation solving the problems we face – it is about working together across organisational boundaries and with our communities to deliver. Creating a genuine 'culture for health' will ultimately be down to the passion and determination of the whole public health community across sectors, in all its diversity, with Public Health Scotland at its heart.

While one organisation alone cannot deliver the aims of reform, Public Health Scotland is an instrumental part of the public health system; its lead national organisation. Public Health Scotland's role in that system is to effectively support and enable the whole public health system to drive change in Scotland's health. Its primary focus is on enabling the whole system to deliver better public health and wellbeing outcomes and that it is able to work with partners to coalesce around the new public health priorities.

This section describes the key organisations and people in the public health system in Scotland, Public Health Scotland role within it and how it will support and enable the rest of the system.

*Figure 1 Scotland's public health system and Public Health Scotland's role within it*

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**Because (1) this section is about what help other parts of the public health system need and can expect from Public Health Scotland and (2) this is a draft for stakeholder engagement, we want this section to evolve as we hear from and listen to stakeholders.**

**If you are a stakeholders reading this section, please consider whether the help described in this section is what you and your colleagues need for from the future Public Health Scotland. If it is not, please tell us so we can better reflect that in future iterations.**

**Remember –**
- **So everyone can quickly turn to the appropriate section and see what they can expect from Public Health Scotland, it is organised by stakeholder. However that means for someone reading through it all, it can be repetitive.**
- **This reflect the work to date. As well as listening to stakeholders, we will be working to develop it more. You can expect further iterations of the TOM to show a more fully developed contribution to the public health system.**
- **The public health system is dynamic. While the final TOM will act as a strong basis from which Public Health Scotland will start, we expect the ways Public Health Scotland enables and supports the public health system to keep developing after the organisation starts operations on 1 December 2019.**

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## 2.1 Scottish Government

The Scottish Government is the devolved government for Scotland. It is responsible for the economy, education, health, justice, rural affairs, housing, environment, equal opportunities, consumer advocacy and advice, transport and taxation in Scotland. It has the power to set a Scottish rate of income tax. Further powers will be devolved to the Scottish Government in the coming years.

The Scottish Government's breadth of policy responsibility makes it a central actor in all aspects of Scotland's public health system. It is able to shape national policy relating to public health and ask national public bodies for which it is responsible to coordinate action. It is the main liaison point between the Scottish public health system and the UK Government.

Public Health Scotland will help the Scottish Government to

**Improve Health**

- develop and implement policy and practice and support a whole system approach to health improvement and the public health priorities by coordinating national/local action, producing evidence-based tailored products and services and drawing on our relationships with a wide range of stakeholders to share understanding of local context and circumstance
- develop and implement policy related to public health by providing it with independent expert advice on the basis of the best available evidence

**Care for the Population**

- develop, monitor, implement, evaluate policies and strategies on health and care services which start with the needs of the relevant population by providing expert

advice and analyses of a wide range of robust evidences base, i.e. on population needs, health and wellbeing, health and social care services and the wider determinants of health and wellbeing

- be assured that the design of effective and efficient, sustainable health and social care services meets the needs of the relevant populations – particularly small population groups with specific needs and those most vulnerable and at risk – and that access to and utilisation of services is equitable by providing public health science leadership, skills and knowledge, analytics, forecasting, interpretation, health economics, service evaluation, service user perspectives, linking local and national data to better understand and re/design care pathways
- be assured that the whole system delivers on agreed priorities and that funding shifts to reflect those priorities, in particular the shift of resource upstream towards prevention by providing leadership and independent advice and evidence that helps Public Health Scotland shift more of its resource away from a focus on NHS acute services towards population integrated care
- be assured of and/or drive quality improvement in the performance of health and social care services by publishing official and national statistics, providing analytical input to responses to Parliamentary Questions, responding to Freedom of Information requests
- better understand and realise long term impacts of Health and Social Care Delivery Plan actions across the whole system, and in terms of activity, cost, performance and workforce capacity by providing whole system modelling and forecasting at national level
- achieve more effective prescribing, in order to improve patients outcomes, deliver savings where possible and contain increasing costs by providing expert advice, analytics and evidence
- support the implementation of strategies by providing new data and analytics development, and development of quality indicators
- understand NHS spend by maintaining, developing and publishing the Cost Book

### Protect Health

- work with other local and national organisations to prepare and respond to Scotland-wide health protection incidents, and to work as a cohesive health protection service for Scotland by running the Scottish Health Protection Network
- be assured of the quality of and improvement in health protection services in Scotland by supporting the SHPN developing and implementing quality assurance frameworks
- monitor and understand emerging health protection threats and facilitate the evaluation of effective intervention by maintaining a high quality surveillance and response system by commissioning the NHS specialist microbiology and laboratory services
- coordinate action on specific issues through national programmes of work like on anti-microbial resistance, healthcare associated infections, vaccine preventable diseases and prevention of sexually transmitted infections

### 2.2 Local Authorities

> **Having a clear focus on supporting local systems is one of the ambitions for Public Health Scotland.**
>
> **In future versions of the TOM we expect this section to develop to better reflect that.**
>
> **Have a view on how Public Health Scotland can support local authorities? Email publichealthreform@gov.scot with the subject line 'TOM 1.0 – Local Support' and help shape future versions.**

There are 32 directly elected councils in Scotland. Councils are responsible for the delivery of a wide range of vital public services including

- education, including pre-school and school education, and adult and community education
- social Work, including Community Care
- tackling inequalities and promoting social inclusion
- roads and transportation
- planning and the environment
- economic Development
- regulatory and protective services
- housing
- leisure and library services
- cultural services
- waste management

Councils in Scotland spend over £19billion a year and employ 240,000 people – almost 10 percent of all jobs in Scotland.

Scottish councils co-operate through, and are represented collectively by the Convention of Scottish Local Authorities (COSLA).

Local authorities play a vital role in Scotland's public health system. They are responsible for

- ensuring food safety through inspections and monitoring imported food
- environmental protection including issues with noise and waste
- monitoring air quality and private water supplies
- workplace safety inspections
- enforcing specific legislation on smoking, tattooing, sun beds, the standard of housing
- effective response to disease outbreaks and health protection incidents
- enforcing pest control, dog behaviour and animal health requirements
- licensing, including around food, alcohol, gambling and landlords
- infrastructure like planning, building development, roads and transport
- economic development
- providing sports, leisure and culture facilities
- housing and financial inclusion services and citizens advice

### Improve Health

Public Health Scotland will help local authorities

- develop and implement policy and practice and support a whole system approach to health improvement and the public health priorities by producing evidence-based tailored products and services and actively supporting local partnerships to take concerted action to improve health by focusing action on the social, economic and environmental determinants of health
- coordinate action on specific issues through national programmes of work like on homelessness and housing policies, addressing inequalities locally through inclusive economic growth, place making interventions and outcomes for local populations

### Care for the Population

Public Health Scotland will help local authorities

- to care for the health of their populations by offering independent expert advice
- to shift to new models of delivery embedded in a preventative approach with a shift of resource upstream towards prevention by providing leadership and independent advice and evidence
- design effective and efficient, sustainable services that meet the needs of the relevant populations, particularly small population or groups with specific needs and those most vulnerable and at risk, and that access to and utilisation of services is equitable by providing public health science leadership, skills and knowledge, analytics, forecasting, interpretation, health economics, service evaluation, service user perspectives, linking local and national data to better understand and re/design local interventions
- guide the choice of locally driven strategic interventions and assess their effectiveness in implementation by provide access to research opportunities to address local complex challenges
- drive innovation in redesigning and commissioning new services and reducing or decommissioning services which are no longer optimal by providing national leadership, and supporting local leadership in public health science knowledge, skills, evidence, the economic case and service user experience which have populations needs at the heart.
- access data and evidence sources, and analytical capacity by establishing a network to make evidence resources available to specialists and practitioners involved in population needs assessment and service redesign

### Protect Health

Public Health Scotland will help local authorities

- protect their populations and mitigate threats against them by offering independent expert advice on health protection
- work with other local and national organisations to prepare and respond to Scotland-wide health protection incidents, and to work as a cohesive health protection service for Scotland by running the Scottish Health Protection Network
- be assured of the quality of and improvement in health protection services by supporting the SHPN developing and implementing quality assurance frameworks

- protect their populations and mitigate threats against them by maintaining a high quality surveillance and response system by commissioning the NHS specialist microbiology and laboratory services

### 2.3 NHSScotland Boards

NHSScotland boards deliver healthcare services to the people of Scotland. There are 14 territorial boards and seven special (or national) boards Public Services Reform (Scotland) Act 2010. Territorial NHS boards are responsible for protecting and improving the population's health in their board area and for the delivery of healthcare services. Special boards support territorial boards deliver specialist functions nationally.

Each NHS board is accountable to Scottish Ministers. NHSScotland employs around 140,000 people.

**Protect Health**

Public Health Scotland will help NHS Boards to

- work with other local and national organisations to prepare and respond to Scotland-wide health protection incidents, and to work as a cohesive health protection service for Scotland by running the Scottish Health Protection Network
- be assured of the quality of and improvement in health protection services by supporting the SHPN developing and implementing quality assurance frameworks
- monitor and understand emerging health protection threats and facilitate the evaluation of effective intervention by maintaining a high quality surveillance and response system by commissioning the NHS specialist microbiology and laboratory services
- coordinate action on specific issues through national programmes of work like on anti-microbial resistance, healthcare associated infections, vaccine preventable diseases and prevention of sexually transmitted infections
- take appropriate preventative or management action on any health protection challenges by overseeing a surveillance/threat monitoring system

**Care for the Population**

Public Health Scotland will help NHS Boards to

- to develop and deliver effective and efficient population integrated care by creating a population integrated care network for prioritising and sharing practice
- access data and evidence sources, and analytical capacity by establishing a network to make evidence resources available to specialists and practitioners involved in population needs assessment and service redesign
- design effective and efficient, sustainable health and social care services that meet the needs of the relevant populations, particularly small population or patient groups with specific needs and those most vulnerable and at risk, and that access to and utilisation of services is equitable by providing public health science leadership, skills and knowledge, analytics, forecasting, interpretation, health economics, service evaluation, service user perspectives, linking local and national data to better understand and re/design care pathways
- drive innovation in redesigning and commissioning new services and reducing or decommissioning services which are no longer optimal by providing national leadership, and supporting local leadership in public health science knowledge,

skills, evidence, the economic case and service user experience which have populations needs at the heart

- work with national planning systems for small, specialist NHS services to plan and redesign services for across Scotland efficiently and equitably by carrying out needs assessment and data analyses
- with population needs assessment and profiling at Cluster, Practice, Locality level, linkage and analysis of local and national data to increase understanding of care pathways, activity and trends, evaluation of services, benchmarking analyses and advice, sharing knowledge, provision of embedded local support linked to national specialist expertise, products and services
- deliver national priorities like achieving more effective prescribing, and the national drugs and alcohol misuse strategies by providing expert advice, analytics and evidence
- improve waiting times for patients and significantly reduce the number of people in Scotland who are waiting to move from hospital wards to more appropriate settings by providing expert advice, analytics and intelligence, forecasting and predictive analytics
- benchmark and improve services and highlight and address unwarranted variation by providing tools and consultancy advice
- plan and redesign secondary, accident and emergency, out of hours and other unscheduled care services by maintaining and developing and making available weekly data
- proactively identify patients who may benefit from Anticipatory Care Planning and/or multi-disciplinary discussion or review by providing risk prediction tools to identify patients with the most complex needs
- improve access to Child and Adolescent Mental Health Services and Psychological Therapies by providing new data and analytics development and dissemination via a local and national multidisciplinary team, in collaboration with Healthcare Improvement Scotland
- ensure fair and appropriate allocation of funding for service provision by maintaining, developing and running key national formula, including the National Resource Allocation Committee formula and the formula underpinning the new GP Contract Framework

**Improve Health**

Public Health Scotland will help NHS Boards to

- develop and improve health services aimed at improving health and prevention of ill health by producing tailored products and services and coordinating action as required.

Specifically, Public Health Scotland will also help NES Digital to develop and implement an infrastructure focused on improving and protecting the public's health that supports the needs of policy makers, planners and researchers by articulating the need for and driving innovation in accessing, linking and exploiting the new data sources for analysing and interpreting at a population level.

### 2.4    Integration Authorities

Integration Authorities are formal partnerships under the Public Bodies (Joint Working) (Scotland) Act 2014 between councils and NHS boards to ensure health and social care

services are well integrated and that people receive the care they need at the right time, and in the right place.

There are 30 Integration Joint Boards (IJBs). Highland uses a lead agency model.

Because, like CPPs, Integration Authorities are where several public services intersect and collaborate, the ways Public Health Scotland will support and enable them will overlaps with the help offered to other parts of the public health system.

Public Health Scotland will help Integration Authorities

- access data and evidence sources, and analytical capacity by establishing a network to make evidence resources available to specialists and practitioners involved in population needs assessment, strategic planning and service redesign
- design effective and efficient, sustainable health and social care services that meet the needs of the relevant populations, particularly small population or patient groups with specific needs and those most vulnerable and at risk, and that access to and utilisation of services is equitable by providing public health science leadership, skills and knowledge, analytics, forecasting, interpretation, health economics, service evaluation, service user perspectives, linking local and national data to better understand and re/design care pathways
- drive innovation in redesigning and commissioning new services and reducing or decommissioning services which are no longer optimal by providing national leadership, and supporting local leadership in public health science knowledge, skills, evidence, the economic case and service user experience which have populations needs at the heart
- increase the pace and effectiveness of Health and Social Care Integration and the implementation and monitoring of the Health and Social Care Delivery Plan by undertaking population needs assessment and profiling at Integration Authority and Locality levels, linkage and analysis of local and national data to increase understanding of care pathways, activity and trends, evaluation of services, benchmarking analyses and advice, sharing knowledge, provision of embedded local support linked to national specialist expertise, products and services
- drive the Transformation of Primary Care by supporting population needs assessment and profiling at Cluster, Practice, Locality level, linkage and analysis of local and national data to increase understanding of care pathways, activity and trends, evaluation of services, benchmarking analyses and advice, sharing knowledge, provision of embedded local support linked to national specialist expertise, products and services
- benchmark and improve services and highlight and address unwarranted variation by providing tools and consultancy advice
- plan and redesign secondary, accident and emergency, out of hours and other unscheduled care services by maintaining and developing and making available weekly data
- sustainably improve waiting times for patients and significantly reduce the number of people in Scotland who are waiting to move from hospital wards to more appropriate settings by providing expert advice, analytics and intelligence, forecasting and predictive analytics
- proactively identify patients who may benefit from Anticipatory Care Planning and/or multi-disciplinary discussion or review by providing risk prediction tools to identify patients with the most complex needs
- deliver national priorities like the national drugs and alcohol misuse strategies by providing expert advice, analytics and evidence

- improve access to Child and Adolescent Mental Health Services and Psychological Therapies by providing new data and analytics development and dissemination via a local and national multidisciplinary team, in collaboration with Healthcare Improvement Scotland
- ensure fair and appropriate allocation of funding for service provision by maintaining, developing and running key national formula, including the National Resource Allocation Committee formula and the formula underpinning the new GP Contract Framework

## 2.5 Community Planning Partners

**Having a clear focus on supporting local systems is one of the ambitions for Public Health Scotland.**

**In future versions of the TOM we expect this section to develop to better reflect that.**

**Have a view on how Public Health Scotland can support local authorities? Email publichealthreform@gov.scot with the subject line 'TOM 1.0 – Community Planning' and help shape future versions.**

Community planning is about how public bodies work together, and with local communities, to design and deliver better services that make a real difference to people's lives.

A Community Planning Partnership (or CPP) is the name given to all those services that come together to take part in community planning. There are 32 CPPs across Scotland, one for each council area. Each CPP focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality.

CPPs are responsible for producing two types of plan to describe their local priorities and planned improvements:

- Local Outcomes Improvement Plans, which cover the whole council area
- Locality Plans, which cover smaller areas within the CPP area, usually focusing on areas that will benefit most from improvement. Each CPP will produce at least one Locality Plan and some CPPs will produce many – there is no fixed number

Public Health Scotland will help CPPs:

- plan and implement evidence-based tailored products and services to take concerted action to improve health by focusing action on the social, economic and environmental determinants of health
- further understand local needs, circumstances and aspirations through access to data and evidence sources, and analytical capacity by establishing a network to make evidence resources available to specialists and practitioners involved in population needs assessment and service redesign
- design effective and efficient, sustainable services that meet the needs of the, communities in its area (geographical communities and/or communities of interest) experiencing significantly poorer outcomes, relative to other communities either in the CPP area or in Scotland overall, and that access to and utilisation of services is equitable by providing public health science leadership, skills and knowledge,

analytics, forecasting, interpretation, health economics, service evaluation, service user perspectives, linking local and national data to better understand and re/design care pathways

- agree local policies and plans based on the needs of the population by becoming a statutory community planning partner and bringing informed public health challenge to the heart of local policy making and planning

- drive innovation in redesigning and commissioning new services and reducing or decommissioning services which are no longer optimal by providing national leadership, and supporting local leadership in public health science knowledge, skills, evidence, the economic case and service user experience which have populations needs at the heart

- engage with their communities to identify key local health improvement outcomes and identify effective action to deliver these by producing evidence-based tailored products and services and actively supporting local partnerships to develop and evaluate local health and well being outcomes.

- ensure a pace of change as a result of the Community Empowerment Scotland Act (2015) and the implementation and monitoring of Local Outcome Improvement and Locality Plans by undertaking population needs assessment and profiling linkage and analysis of local and national data to increase understanding of activity and trends, evaluation of services, benchmarking analyses and advice, sharing knowledge, provision of embedded local support linked to national specialist expertise, products and services

- benchmark and improve services and highlight and address unwarranted variation by providing tools and consultancy advice

- support progress on national strategies by provision of expert advice, analytics and intelligence, analytics dashboards

Public Health Scotland will contribute to the national coordination and leadership for community planning in Scotland such as through membership of the Community Planning Improvement Board. This will ensure that the national resources to support community planning ensure capacity and resources are targeted to where they are most needed.

### 2.6    Community and Voluntary Sector

Community and voluntary sector organisations carry out an enormous range of activities to improve people's lives, often with the public sector, like

- health, social care and employability services
- housing
- advocacy and campaigning
- social and community development activities
- conservation, heritage and regeneration

More than 138,000 people work for community and voluntary sector organisations in Scotland with a further 1,300,000 people volunteering.

The size of organisations ranges from 30,000 small community groups to 100 larger charities who employ 42,500 people.

Public Health Scotland will help community and voluntary sector organisations:

- continue to develop and deliver services that help improve health and reduce health inequality by providing them with necessary and appropriate resources such as

evidence in useable and accessible formats, training and working in partnership with them to co-produce services

## 2.7    Employers

Employers in Scotland provide people with work and are responsible for their health and safety at work. As such they are major influence on the public's health.

Public Health Scotland will help employers to protect and promote the health of their employees and provide them with good work.

## 2.8    Public Health Workforce

Thousands of people in Scotland are employed in roles which as part of the wider public health workforce impact on health and wellbeing. Most of these are in local authorities, the NHS, community and voluntary organisations and education institutions. Within this group there is a core public health workforce of around 6,500 people who are employed in a role that identifies public health as a primary part of their role. These include the public health specialist workforce who are registered with the General Medical and Dental Councils, the UK Public Health Register and the Royal Environmental Health Institute for Scotland in role such as public health consultants and specialists, academics, health improvement managers, and environmental health professionals.

Scotland's public health system cannot operate with qualified, skilled, competent professionals.

The Public Health Review emphasised the importance of leadership across the public health system to deliver our ambitions for reform and to improve the health and wellbeing of the population. PHS will seek to provide this leadership to deliver the outcomes set out in the public health priorities.

The Specialist Public Health Workforce Commission is undertaking further work to develop options on how the specialist public health workforce can be organised and deployed more effectively to strengthen the public health function and meet the needs of national, regional and local partners

The details of the relationship between PHS and the public health workforce will be shaped and influenced by the outcome of discussions on the preferred option for the core public health workforce.

Public Health Scotland will help the public health workforce (in its widest sense) to
- be competent and confident by offering specialist workforce development, ongoing engagement, support and advice
- to develop and deliver effective and efficient population integrated care by creating a population integrated care network for prioritising and sharing practice

## 2.9    Researchers

Researchers are a vital element of the public health system. Both in Scotland and internationally, researchers improve our understanding of what influences public health and how we can influence public health.

(Because the commission on Leadership for Public Health Research, Innovation and Applied Evidence has not completed its final deliverable, we expect this section to develop significantly in March.)

Public Health Scotland will help researchers

- advance knowledge and understanding, and create practical knowledge for the further protection of the health of Scotland by sustaining innovation and research and supporting new opportunities to use data in a more intelligent way
- contribute to the development of relevant policy and practice on the social, economic and environmental determinants of health by supporting them and working alongside them to increase understanding of what policy/practice is effective and where knowledge in these areas can be improved
- be active in commissioning, undertaking, and in participating in research activities by providing a Research Office to: lead strategic co-ordination for public health research across Scotland across stakeholders; (2) organise / lead research commissioning and procurement; (3) undertake institutional QA of research activities; (4) support ethical review processes; (5) coordinate advice of research in public health (e.g. supporting evaluability assessment, advising on commissioning briefs, obtaining expert review/opinion); (6) support research activities by PHS staff; assess the impact of its research activities and reach; and (7) to manage internal and external research funding arrangements
- access data and intelligence held by Public Health Scotland for the purposes of research and innovation, and support the interface to information governance by providing a Data Research and Innovation Service to facilitate access to Public Health Scotland held data

Regarding research, Public Health Scotland will help Scottish Government and other public bodies with an interest in public health research

- collaborate in the development innovative approaches to: (1) data science and technology enabled population health; (2) , methodological innovation for public health research; (3) transdisciplinary research; and (4) maintaining research at the forefront of public health through horizon scanning by developing a culture which recognises the value of innovation as essential to all research activities, actively seeking collaboration with agencies and organisations in the business and practice of innovation, and applies all it learns into the translation of evidence into policy and practice
- influence the strategic priorities for, and funding of, population health research. by becoming a powerful advocate nationally for: (1) strategic co-ordination of public health research across Scotland based on input from range of stakeholders (e.g. a coproduced research strategy); and (2) adopting systematic and transparent methods for research priority setting and funding arrangements based on expectation of benefit to population health; working collaboratively with other UK national and International Public Health bodies to co-ordinate such influence
- enhance research capacity and competence across the public health system by developing programmes that support: (1) PHS staff to have dedicated time for research activities; training placements with PHS for academic and service staff; (2) share specialist research skills and capacity within PHS across the public health system in Scotland; and (3) the development of research and evaluation skills for the wider public health workforce.
- identify and access evidence for application by providing a Knowledge Service across all the domains of public health including evidence search and summary

service; current awareness and alerting services; lending and document supply service; digital information skills training; and knowledge and information management advice and guidance (KIM)

## 2.10    The Public

The public are who the public health system services, and who, through Scottish ministers and local elected members, Public Health Scotland is accountable to.

As part of the reform process, a commission is looking explicitly at how Public Health Scotland can support the public. The section will say more when this commission is complete.

Public Health Scotland will help the public
- revitalise efforts to improve and protect the public's health in Scotland by providing national, professional and strategic leadership
- make informed decisions about their health by providing them with independent expert advice based on the best available evidence in an appropriate way
- improve their health by working across the whole public health system to create a genuine culture for health in Scotland
- remain healthy by preventing the spread of infectious diseases, improving air quality and other threats to their health
- take appropriate action to protect their own health by engaging proactively to communicate expert advice
- increase their awareness of the right to health, enable them to make healthy choices and support health by producing tailored products and services and advocating for action that leads to behaviour change at national, local and individual level.

## 2.11    Organisations with responsibilities for health protection

As well as the organisations listed above, there are a wide range of organisations with responsibilities for health protection, from national public bodies like the Scottish Environmental Protection Agency (SEPA) and Food Standards Scotland (FSS), to private sector providers from care homes to cruise liners.

Public Health Scotland will help these organisations to prepare and respond to health protection incidents and outbreaks by coordinating national and supporting local action, depending on the scale of the incident and the outbreak.

## 2.12    International Public Health Community and Organisations

Public Health Scotland will join an international community of national and international organisations working together to improve and protect the public's health.

Public Health Scotland will help the international public health community to
- reduce the risks to the health of people in Scotland and internationally by gathering and analysing surveillance information on communicable diseases and health risks associated with environmental hazards
- understand Scotland's approach to public health and contribute their expertise to that by continuing to liaise and work with relevant agencies (e.g. World Health Organisation) and through formal collaborations (such as potentially hosting WHO collaborating centres).

## 3   HOW PUBLIC HEALTH SCOTLAND WILL WORK

This section describes how Public Health Scotland will work to support and enable the public health system, and the values that underpin them.

### 3.1   Values

Public Health Scotland's values set the expectations for how the organisation works with others and its staff. Values are what we believe in. Behaviours are our beliefs in action and define organisational culture.

Public Health Scotland's values are

- Collaboration
- Respect
- Innovation
- Integrity
- Excellence

They reflect our

- position at the heart of the public health system, helping it work together to create a culture for health so we have a Scotland where everybody thrives
- ambition to work across organisational boundaries
- recognition that we need to go beyond what we know if we are to help make the impact on Scotland's health we want and so we can do that best working across traditional professional silos
- professional independence and expertise, which by being based on the best available evidence is the foundation on which our credibility and trust is built
- a level of dissatisfaction with how we work now and our desire always to do better

### 3.2   Culture

Public Health Scotland's predecessor organisations' cultures share a strong internal focus, emphasising 'what we want to do and how we want to work' at the expense of 'what others need from us and how we can get that for them'. They also a strong emphasis on stability and control at the expense of flexibility and responsiveness.

Public Health Scotland's culture will be much more flexible and place more emphasis on responding to what others in the public health system need from us.

When asked what they want Public Health Scotland to feel like to work in and with, both staff and stakeholders said

- Inclusive
- Collaborative
- Innovative

### 3.3   Operations

Public Health Reform's ambition is for Public Health Scotland to use data, knowledge and intelligence in innovative ways. As well as innovative, staff and stakeholders say they want Public Health Scotland to feel inclusive and collaborative to work with and in.

To help achieve this, starting before and certainly continuing after its vesting day on 1 December 2019 Public Health Scotland will make some particular changes in how it works.

- Because no one profession can achieve the ambitions of public health reform alone, Public Health Scotland will organise its people in multi-disciplinary teams (see Figure *2* below). Mixing skills, knowledge and experience will help drive innovation to work with others to support, enable and drive change.
- Competent and confident professionals will be the heart of Public Health Scotland's workforce. To maintain professional standards and support professional development, there will be a series of heads of professions. These heads of profession will have a remit to lead the development of their professions within Public Health Scotland and ensure the quality of their work.
- To link up the data current across NHS Health Scotland, ISD and HPS, and create a place to drive and assure the quality of and connections across the available data, Public Health Scotland will have a Directorate of Data Management, Governance and Access.
- To drive innovation, Public Health Scotland's directors will all have a remit to drive innovation in their areas of work (see Figure *3* below).

The two figures below illustrate how disciplines will be distributed across Public Health Scotland and cross-organisational responsibilities such as innovation and contribution to the National Performance Framework and Public Health Priorities.

Figure 2: Public Health Scotland's operations organisational units will be multidisciplinary (directorate numbers are purely illustrative)
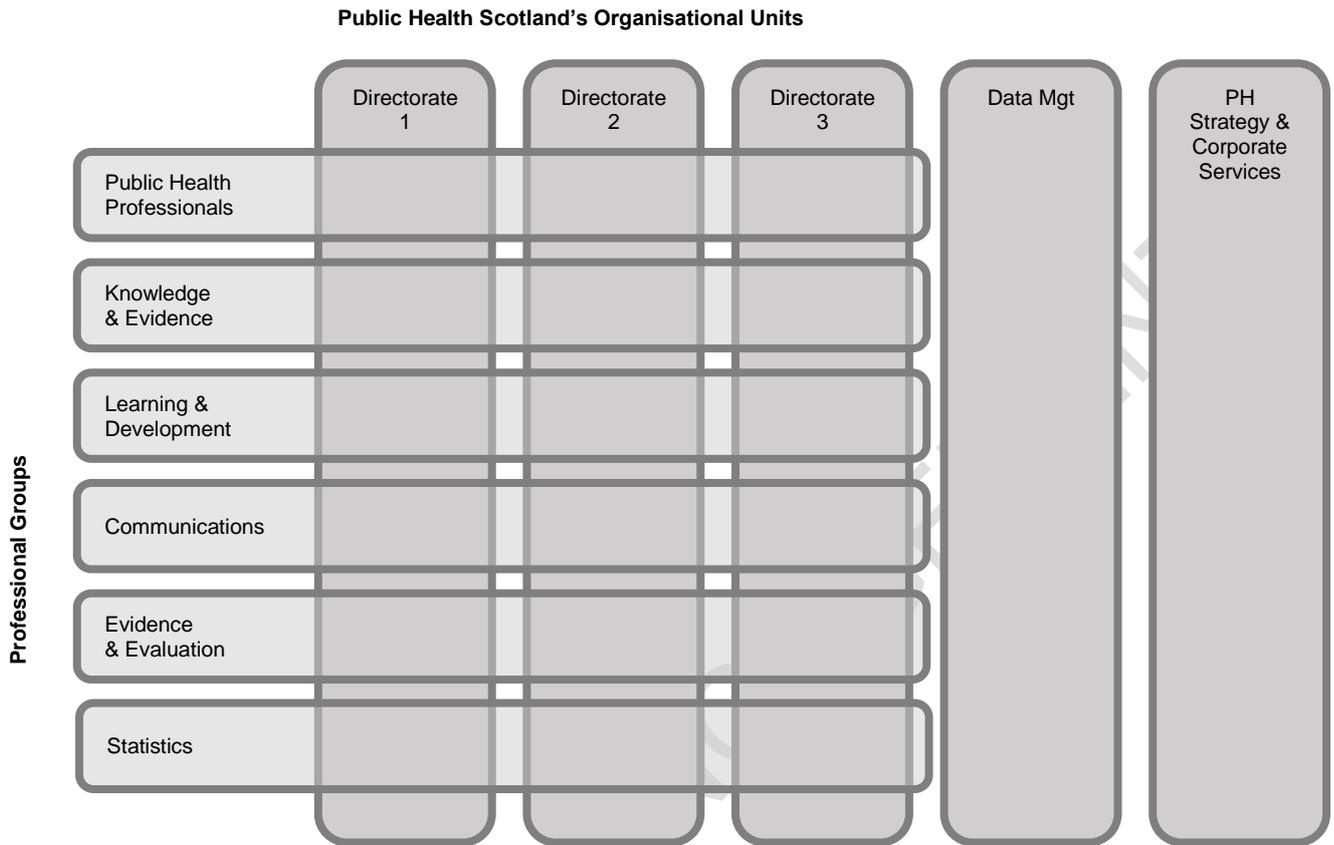
**Public Health Scotland's Organisational Units**

Figure 3: Cross-organisational responsibilities in Public Health Scotland (operating directorates are numbered for illustrative purposes)

**Public Health Scotland's Organisational Units**

| | Directorate 1 | Directorate 2 | Directorate 4 | Data Mgt | PH Strategy & Corporate Services |
|---|---|---|---|---|---|
| National Performance Framework | | | | | |
| Public Health Priorities | | | | | |
| Reducing health inequalities | | | | | |
| Driving innovation | | | | | |
| Identifying research priorities | | | | | |
| Workforce Development | | | | | |
| Stakeholder Engagement | | | | | |
| Public Engagement | | | | | |

**Cross-organisational responsibilities**

## 4 HOW PUBLIC HEALTH SCOTLAND WILL BE ORGANISED

This section sets out how Public Health Scotland will be organised.

Several of the public health reform commissions recommended Public Health Scotland be organised using the outcomes we want to achieve. This recommendation was endorsed by the Public Health Reform Programme Board.

Because Public Health Scotland's role is to support and enable the wider public health system, this section organises using outcomes for the wider system. It describes the outcomes for directorate-sized organisational units.

### 4.1 Day One and Medium Term Structures

The target structure for day one will be different from the existing structures. However, the practicalities of getting to day one mean day one will only be the start of becoming Public Health Scotland. We want Public Health Scotland to change how it works and that means the structure of Public Health Scotland on day one will not be destination but the starting point for another journey as Public Health Scotland develops into becoming the organisation Scotland's public health system needs it to be.

On day one Public Health Scotland will be a new organisation taking a different approach with a clear ambition for its contribution to the public's health. However we aim to minimise staff disruption, so we expect executive level posts to change in line with the structure in table 1 below before 1 December 2019. Existing teams are likely to transfer over to Public Health Scotland as they are now.

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**PLEASE NOTE**

This section is still subject to considerable change. It has already been revised based on feedback from the Programme Board and commission leads.

It will be revised again after stakeholder and staff engagement. We expect several more rounds of major revision before a final version is approved by the programme board in March 2019.

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*Table 1: Target Structure for Public Health Scotland*

| Directorate | Outcomes | Focus | Stakeholders | Public Health Domains | Services | Notes |
|---|---|---|---|---|---|---|
| 1. | National policy is well informed and takes every chance to improve and protect Scotland's health and reduce health inequalities | National | • Scottish Government<br>• Local authority and NHS policy makers and practitioners | • Health Improvement<br>• Health Protection | • Evaluate the performance of the public health system against the public health priorities and leading the identification of priorities for research, innovation and improvement across the whole public health system, including for Public Health Scotland<br>• Specialist epidemiological and statistical analysis on the health of Scotland (and local areas) and its influences<br>• Evidence and advice to inform policy development<br>• Evaluate national policies and programmes | This part of Public Health Scotland's role is to continue to help the makers of national policy to develop policy that advances the public's health. |
| 2. | The whole system collaborates on once-for-Scotland strategies and networks | National/whole system | • Whole public health system<br>• Local practitioners | • Health Improvement<br>• Health Protection | • Programmes leadership to implement public health strategies<br>• Coordinate national groups/networks on public health<br>• Developing health protection quality assurance frameworks<br>• Analysing surveillance information on communicable disease and health problems associated with environmental hazards | In the medium term, this directorate would probably be organised by topic area.<br><br>It could take the opportunity to rationalise divisions across the existing organisations by grouping work together, for example by having one project team focused on immunisation rather than divided across public health domains. |
| 3. | Local policies and planning improve population health | Local system | • Local health and social care planners and providers | • Population Care | • Providing population needs assessments, service reviews, research and data analysis to inform service planning and improvement<br>• Local intelligence support<br>• Support the development of local health improvement strategy<br>• Support the evaluation of local programmes | This is where Public Health Scotland's local offer will be focused.<br><br>It could be organised by region, with regional teams responsible for supporting local areas and coordinating national public health asks so that they make sense and best support local areas. |
| 4. | The public health community is competent and works together | Whole system | • Public health workforce<br>• Wider workforce<br>• Public health researchers | • Health Improvement<br>• Health Protection | • System-wide workforce development<br>• System-wide research | While researchers and workforce development specialists should be integrated across the organisation in multidisciplinary teams, there remains a need for a system-wide leaderships on workforce development and research. |
| 5. | The public health system works together effectively to reduce the risk and impact of public health challenges | Whole system | • Local and national organisations involved in outbreaks | • Health Protection | • Specialist support on outbreaks | Clear and decisive clinical leadership in response to health protection outbreaks is an essential function of any national public health. This part of Public Health Scotland would have cross organisational responsibility for this function and draw on specialist resources from across it and the wider system when operationally necessary. |
| 6. | • Public Health Scotland's data is appropriately managed<br>• Local areas are supported to build their data linkages and capability | Public Health Scotland/Local | • Public Health Scotland's externally facing directorates Other users of raw data, e.g. researchers | n/a | • Management of data standards and definitions, datasets, develop of new data requirements<br>• Processing of data<br>• Data quality assurance and validation<br>• Statistical and Information Governance | This will bring together all the data management resources from across the existing organisations. Its purpose is to manage data well and develop linkages between Public Health Scotland's data and with other organisation's data. |

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**PLEASE NOTE**

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It will be revised again after stakeholder and staff engagement. We expect several more rounds of major revision before a final version is approved by the programme board in March 2019.

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| Direct orate | Outcomes | Focus | Stakeholders | Public Health Domains | Services | Notes |
|---|---|---|---|---|---|---|
| 7. | Public Health Scotland meets and exceeds the needs and expectations of all its stakeholders | Public Health Scotland | • Public Health Scotland's board, funders, regulators and staff | n/a | • Lead cross-organisational change programme to continue the development of Public Health Scotland<br>• Coordinate planning across Public Health Scotland<br>• Ensure the delivery of excellent HR, finance, procurement (including specialist procurement for research) and IT strategy, planning, advice and services to Public Health Scotland<br>• Deliver the overall governance framework for Public Health Scotland in partnership with the Data Management Unit who will lead on statistical and information governance<br>• Deliver specialist services to the rest of the organisation like web/digital, publishing, and health economics which are too small or specialist to spread across other directorate's multidisciplinary teams<br>• Deliver learning and development and knowledge services to Public Health Scotland's staff<br>• Providing corporate communications and corporate marketing services and advice, plus coordinating communications and marketing across Public Health Scotland's directorates | The exact structure of corporate services needs more work. Most comparable organisations would have this broken up into multiple smaller directorates.<br><br>Exactly which services will be in- verses out-sourced will be decided by the Corporate Services project. This will then shape the structure of this part of the organisation in the final TOM. |

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**PLEASE NOTE**

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It will be revised again after stakeholder and staff engagement. We expect several more rounds of major revision before a final version is approved by the programme board in March 2019.

# 5    LOCATING PUBLIC HEALTH SCOTLAND

This section will say how Public Health Scotland's staff will be located to deliver the ambitions of public health reform.

Public Health Scotland will, in time, be located and deployed in a way that helps re-orient the public health system to be more local-facing, engages communities and supports collaboration across the wider system.

However the exact path to that change depends on the recommendations from the accommodation project. We expect Public Health Scotland to be working from its existing location on vesting day. Longer term options will be explored and decided at a later date.

The accommodation project is due to report back to the Public Health Reform Programme Board in April 2019.

# 6    SUPPORTING INFORMATION SYSTEMS

This section describes the IT systems needed to let Public Health Scotland enable and support the public health system to create a culture for health.

It will focus on the high level IT set up for Public Health Scotland. Much of it will be on what the IT and Digital project are referring to as the 'line of business' applications. These are specialist applications like R for statistical analysis which are essential to Public Health Scotland's delivery. It won't describe standard applications like Outlook or MS Word or IT infrastructure nor will it go into detail on IT infrastructure (this will be captured by outputs from the IT and digital project) or who will provide Public Health Scotland's IT services (this will be captured in the suppliers section).

**7    SUPPLYING PUBLIC HEALTH SCOTLAND**

This section will show which services and inputs will be supplied by other organisations. Like all organisations, Public Health Scotland will receive services from other organisations. In line with the Christie Commission's recommendations, we expect Public Health Scotland to use some shared services from across the public sector.

This section will set out which services and why will be kept 'in house' for Public Health Scotland and which it will buy in from others. The content for this section will come from the Corporate Services Project which will be reporting to the Public Health Reform Programme board in March and April 2019.

## 8 LEADING AND MANAGING PUBLIC HEALTH SCOTLAND

This section describes how Public Health Scotland will be managed.

### 8.1. Governance

### 8.1.1 Joint Accountability

Public Health Scotland will be a special board of NHSScotland by legislation. However because of its role across the public health system, it will have a very different look and feel from an NHS Board.

COSLA will be joint partners in the strategic planning and annual review process for Public Health Scotland. Public Health Scotland will ultimately be accountable to Scottish Ministers, supported by the Scottish Government Health and Social Care Directorates, for the delivery of its functions.

However, in practice Scottish Government and COSLA will exercise meaningful and proportionate shared oversight of, and accountability for, Public Health Scotland strategy, recruitment, financial management, performance and risk management. Together, they will ensure the body is provided with the necessary support and guidance to enable it to work effectively across traditional boundaries, in clusters and with external partners - for example, through the work of community planning partnerships. It will also provide reports to COSLA/local government leaders as appropriate.

### 8.1.2 Independence

Integrity is one of Public Health Scotland's values. Public Health Scotland will be a distinct organisation with the operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

### 8.2 Leadership

### 8.2.1 Executive Management Team

Public Health Scotland's executive management team (EMT) will be led by the Chief Executive.

Because of Public Health Scotland's role at the heart of the whole public health system, the EMT should include members with cross-sector expertise, such as representation from the third sector.

Between the EMT members will cover the following responsibilities

- Leadership of the operational directorates
- Leadership of the supporting directorates (corporate services and data management)
- Professional Leadership (such as a Medical Director)
- Innovation
- Human Resources
- Finance
- Senior Information Responsible Officer
- Caldicott Guardian

### 8.2. Performance Management

The success of the public health system is judged against (1) Scotland's health relative to other comparable countries, (2) the inequalities in Scotland's health and (3) the demand on Scotland's health and social care services. Public Health Scotland will help the public health system track its progress against them.

Because Public Health Scotland's role is to support and enable the wider public health system to meet these challenges, its success is judged against not Scotland's health outcomes, differences in those or demand on public services but the extent to which it has supported the wider system.

This section will elaborate on Public Health Scotland's contribution to the outcomes in the National Performance Framework and how it will help achieve these.

## 9    FINANCE

This section gives an overview of the finances of the current organisations and Public Health Scotland.

We will update that based on the work of the Finance project.

## 10      REVENUE & FUNDING

This section describes the funding arrangements and revenue sources of the current organisations and Public Health Scotland both on day one and in the medium term.

## 11   DOCUMENT CONTROL

**Key Information:**

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| Current Health Improvement Landscape 1.0 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Deliverable%204%20Current%20Health%20Improvement%20Landscape_1.0%20(Final).pdf |
| Improving Health Commission Customer Requirements 1.0 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/20181130%20IHC%20-%20Customer%20Requirements%201.0.pdf |
| Improving Health Commission Future State Final 1.0 071218 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/IHC%20-%20Future%20State%20Final%201.0%20071218.docx |
| Improving Services (Health and Social Care Public Health) D2 v1.0 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Improving%20Services%20(Health%20and%20Social%20Care%20Public%20Health)%20D2%20v1.0.pptx |
| Improving Services Comm D4 Final Submission | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Improving%20Services%20Comm%20D4%20Final%20Submission.docx |
| Improving Services Comm D5 Final Submission | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Improving%20Services%20Comm%20D5%20Final%20Submission.docx |
| 09 Protecting Health Commission deliverable 2 v1 0 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/09%20Protecting%20Health%20Commission%20deliverable%202%20v1%200.pdf |
| PHC Deliverable 4 – Customer Requirements v1.1 FINAL | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/PHC%20Deliverable%204%20-%20Customer%20Requirements%20v1.1%20FINAL.pdf |
| Protecting Health Commission Deliverable 5 – v1.0 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Protecting%20Health%20Commission%20Deliverable%205%20-%20v1.0%2028.12.18.docx |
| Leadership for the Public Health Workforce Development – Current Leadership Arrangements 0.2 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/LPHWD%20-%20current%20leadership%20arrangements%20(Del%202)%20V%200.2_20180907.pdf |
| Deliverable 3 – Interim Report (WNBOD) | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/20181218%20Deliverable%203%20-%20Interim%20Report%20(WNBOD).pdf |
| UDI commission Deliverable 2 v1 0 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/UDI%20commission%20Deliverable%202%20v1%200.ppt |
| UDI Deliverable 4 – Customer Requirements (also included | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/UDI%20Deliverable%204%20- |

| as Appendix 1 of Deliverable 5) | %20Customer%20Requirements%20(also%20included%20as%20Appendix%201%20of%20Deliverable%205).docx |
| --- | --- |
| UDI Deliverable 5 – final | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/UDI%20Deliverable%205%20-%20final.docx |
| UDI Deliverable 5 - Appendix 2 – structure pros and cons | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/UDI%20Deliverable%205%20-%20Appendix%202%20-%20structure%20pros%20and%20cons.docx |
| PHR Target Operating Model PID v1.0 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/PHR%20Target%20Operating%20Model%20PID%20V1.0.doc |
| PHR TOM Product Description V2.0 | http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/PHR%20TOM%20Product%20Description%20V2.0.pdf |

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