

Public health reform

Specialist Public Health Workforce Commission

Briefing

February 2019



Introduction

The establishment of a new public health body – Public Health Scotland, shared public health priorities and a commitment to strengthening and supporting a genuinely collaborative, whole system approach to improving health is the foundation of the reform programme.

None of this will be achievable without the contribution of the specialist and core public health workforce in Scotland. This workforce is diverse and includes staff located in public health departments in local NHS boards and Health and Social Care Partnerships, Environmental Health staff in Local Government and staff based in national NHS boards.

Specialist Public Health Workforce Commission

The Specialist Public Health Workforce Commission's remit is to consider how the specialist public health workforce should be best organised in Scotland to most effectively meet the needs of national, regional and local partners, and to deliver the most effective and efficient public health function for Scotland going forward (the full terms of reference for the commission can be accessed [here](#)). The commission has also developed a question and answer document which can be accessed [here](#).

The commission is co-chaired by Audrey Sutton, Head of Connected Communities, North Ayrshire Council and Dona Milne, Director of Public Health, NHS Fife who are committed to engaging widely across the range of functions and specialities and creating a genuinely collaborative and engaging process to help identify the most effective way forward.

Specialist Expert Advisory Group

The first step has been to establish an expert advisory group – drawing on expertise and insight from across the whole system – to develop options for the reform programme board to consider.

The commission's remit is to develop options on how the specialist public health workforce can be organised and deployed most effectively to strengthen the public health function and meet the needs of national, regional and local partners. The commission has agreed a number of shared assumptions underpinning the approach to the development and review of options:

- The status quo has not been successful in delivering the level of improvements that we want to see for the health and wellbeing of the population of Scotland, therefore some form of change is inevitable
- There is a need to strengthen partnership working across the public and third sectors in order to achieve these improvements, therefore this needs to be a priority within any option developed
- The need for increased public health leadership at local and national level has been stated clearly by the Scottish Government and therefore all options need to consider how this can be strengthened

- Organisational change is disruptive, which can be both a positive and negative experience for those involved. Therefore significant organisational change will only take place where there are clear gains to public health in Scotland

The first meeting of this expert advisory group took place on the 10th and 11th December. The group developed a number of options in line with the assumptions outlined above spanning national, regional and local arrangements to support an effective, efficient and resilient public health workforce. A full report of the workshop discussion can be found [here](#).

Following identification of the options, leads from the specialist expert advisory group developed each of the options in more detail for consideration by the full group.

February Meeting of the Specialist Expert Advisory Group

The Specialist Expert Advisory Group met again on the 7th February 2019 to review the options developed in December. The options considered by the group are summarised below:

Option 1	Move staff in public health departments to local authorities
Option 2	Move staff to health and social care partnerships (HSCPs)
Option 3	Enhanced status quo: staff remain in NHS Boards and new relationship with Public Health Scotland
Option 4	All staff from Public Health Departments move to Public Health Scotland and deployed from there
Option 5	Regional public health hubs

Following the December workshop session, an additional model addressing potential weaknesses in the identified options and building on the relevant strengths was developed:

Option 6	Hybrid model with national, regional and local elements
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A summary of each option developed by the expert advisory group can be accessed [here](#).

Leadership for Public Health

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.

The expert group reviewed each of the options to develop the potential leadership challenges and opportunities for the public health workforce associated with each option.

Review of Options

The expert advisory group considered each option in relation to the development of an efficient, effective and resilient specialist public health workforce and the potential to support public health leadership, alongside the practicalities of putting the model in place. Each option was scored against these criteria. Following this scoring, participants were then asked to vote individually to give an indication of their favoured option.

There is no preferred option and all have strengths and weaknesses with some options being rated higher in terms of supporting an efficient, effective, resilient function which strengthens public health leadership across the system..

The options that enhanced existing arrangements or had a stronger focus on co-ordinated local, regional and national elements were rated higher in the scoring. A full summary of the discussion is available [here](#) with an additional analysis and summary of the scoring available [here](#).

What happens next

The commission will present options to the programme board in April 2019, the programme board will then make a decision on what happens next. Before then, it is important that different views and perspectives are considered. The reform team will undertake a programme of engagement with key stakeholders before the end of March.

This will be through ongoing engagement around public health reform and includes professional bodies, local government, the NHS, community planning partnerships, community and voluntary organisations and Health and Social Care Partnerships.

Directors of Public Health will undertake engagement with the Specialist and Core Public Health workforce in their respective localities. The feedback from this engagement will be included in the options being presented to the programme board to consider.

Parallel to this process of engagement, the commission will establish a Peer Review Group bringing together Public Health and wider public sector perspectives to consider each of the options developed and ensure that the commission has considered evidence from elsewhere.

The peer review groups views alongside advice relating to Human Resources and any Legal considerations relating to each option will form part of the final options paper presented to the programme board In April 2019 for consideration of the next steps.

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