

COSLA/Scottish Government Public Health Reform Programme

Corporate Services for Public Health Scotland – Outline Model (Working Draft)



Corporate Services Model for Public Health Scotland (First Draft for Discussion)

1. The task of determining how the public health functions for Public Health Scotland will be aligned with the whole system context in which PHS will operate is well underway and a final Target Operating Model (TOM) will be in place by end March.
2. Just as it is widely accepted that there is a need to take a different approach to delivering public health, we need to look closely at how the organisation is supported to achieve these different results. While culture, practice and ways of working will build over time under the new leadership of the organisation, it is critical to the success of Public Health Scotland that we think now about how to design Public Health Scotland around a model that is most likely to deliver the benefits we want to see.
3. The TOM includes reference to Corporate Services and other elements of the strategic functioning of the organisation. These now need to be developed in order to describe how corporate arrangements will be built at a strategic level into the fabric, structure and operation of the organisation. Agreeing a basic frame and basis for this will support two things:
 - Directly inform the Corporate Services aspect of the TOM
 - Provide a top level point of reference from which to build the detail of corporate services workstreams, including the service specifications and how each service is retained, shared or delivered through a combination of both.

Design Principles for PHS

4. These are the stated design principles for PHS:
 - Be a **visibly new** and different organisation
 - Take a **whole system** approach
 - Maintain a clear focus on **supporting the local system**
 - Support **Innovation**
 - Maintain an **External** focus
 - Demonstrate **Strong Partnering**
 - Lead with **Digital**
 - Follow the Christie Commission principles (**collaboration, performance, good value services**).
5. The Programme Board have also accepted the recommendation from the OD Commission that we foster a culture within Public Health Scotland that is:
 - **Innovative**
 - **Collaborative**

- **Inclusive**
6. And where staff experience and demonstrate to their stakeholders the values of:
- **Collaboration**
 - **Respect**
 - **Integrity**
 - **Innovation**
 - **Excellence**
7. As the work of the commissions, related engagement and the TOM progress, the following additional operational delivery principles have emerged:
- Management of the transformational process requires relational leadership, building trust through dialog and maintaining energy and momentum. This requires business leaders with a transformational change agenda and related preparatory work with executive teams. Building the leadership team for change is a key requirement.
 - Our core workforce must be enabled to be highly collaborative both locally and nationally. Easy and flexible co-location/co-working with local government colleagues and other local partners will be needed to enable multi-disciplinary team working.
 - Not all staff join the new organisation with a strong personal identity as a member of the public health workforce or indeed a strong understanding and personal commitment to the need for change. A strong focus on the development of a common and enabling skill set will be needed (digital ways of working; public health skills framework; innovation) as well as related pulse and engagement surveys to allow us to act on related measurements of change.
 - The organisation will not be ‘transformed’ on Day 1. Experience elsewhere demonstrates that we are likely to go through multiple design phases and change processes in the coming years as we rewrite the context, align strategy and culture and deliver measurable benefits. Likewise, the aspirations for a common culture and values will take time to foster and we should expect some resistance. We need a long-term, planned, phased and organised approach that is attuned to the organisation’s needs and strategic shifts. A framework and operating plan for Day 1 is important, but we should not rush to get everything in place on Day 1. Sequencing will be key to translating our new strategies into frontline changes.
 - The Improving Health Commission and others have called for ‘strong and purposeful communications that supports everyone to feel part of and see themselves in the system’ and ‘strong and purposeful engagement that embraces a diversity of partners and build coalition amongst them’. These need built in.
 - We will need techniques that can build understanding amongst staff and senior leaders. Strong, uniting, well planned and effective internal

communications and engagement will be very necessary in establishing a cohesive organisation, using narratives, storytelling and conversations as well as physical representations of change.

- The ambition is for a business that works with a wide range of government, industry, academic and other partners to enable innovation processes and associated development of ways of working, including digital public health tools that enable engagement with partners and citizens in very new ways. The governance, prioritisation and design authority of these solutions must be driven by the strategic priorities of PHS.
- The business will require to manage funding streams and SLAs effectively. It needs to learn how to operate and command a highly effective 'Good Customer/Good Supplier' relationship.
- The business should effectively reconcile a series of services alongside policy and advocacy offers. This will require a complex, diverse and flexible set of business improvement and support expertise. Where appropriate and where the new body provides the best opportunity for doing so, PHS should offer some national public health related services on a 'once for Scotland' basis. A national print and digital function is one such example.

Corporate Services Modelling (Starter for 10)

8. Regardless of whether delivered internally or via a shared service, all corporate services are purposeful to the aims of the organisation. They should model and drive integration, flexibility and multidisciplinary approaches across teams and beyond the organisation's boundaries.
9. Public Health Scotland needs to take its place confidently as an organisation of measurable excellence in its service delivery, leadership and influence. Its corporate and support services need to promote sustainability, efficiency and modernity as key drivers for sustainable public sector and public health goals.
10. The strategic design, linkages, governance, funding and prioritisation of all these services is led from within Public Health Scotland and integral to the strategic focus and direction setting of the organisation.
11. Where appropriate, services received from outwith Public Health Scotland, will be commissioned through a model of excellence in customer/supplier relationship and performance. The delivery model of each of these services is likely to be a mixed economy through, across and beyond the organisation. For example, communications services could have a small, central corporate unit, professional staff distributed across directorates delivering aspects of public health and services delivered through a shared services model.
12. The table overleaf is not the final structure, but it suggests clusters of services and the values and organisational outcomes they should support in their design and delivery.

	“Strategy, Governance & Resources”						
Purpose:	To provide the core framework and basis on which PHS performs as an organisation and across the system it seeks to influence, support and enable.						
<i>There to support and drive:</i>	<i>Efficiency Innovation Good value</i>	<i>Whole system governance and accountability</i>	<i>Stakeholder and organisational collaboration Whole system governance and accountability Integrity</i>	<i>Collaboration Inclusion Efficiency Integrity</i>	<i>Collaboration Efficiency Once for Scotland</i>	<i>Innovation Collaboration</i>	<i>Innovation</i>
Coordinated, collegiate functions. Senior service managers have direct professional line of sight to CEO/Board as needed: <ul style="list-style-type: none"> • Integrated planning across functions and organisation • Governance requirements of functions • Management of SLAs 	Finance, Procurement Risk, Facilities, Business Continuity etc.	Planning. Evaluation. Strategy. Performance. Public Accountability and Evaluation of impact of public health effort across the system; Sponsor team liaison	Governance Senior team CEO Office	OD, Workforce strategy Improvement Project support services Excellence	Public health communications and social marketing; Product, business and service design & delivery; Policy advocacy and public affairs, partnership management, CRM, stakeholder engagement, corporate communications, public voice	IT & Digital strategy	Research, Innovation, Knowledge Services, Health Economics

Cath Denholm, 10/02/19

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Approvals

This document requires the following approvals. A signed copy should be placed in the project files.

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Distribution

This document has been distributed to:

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