

Public health reform

A Scotland where everybody thrives



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Core and Specialist Public Health Workforce



Core and Specialist Public Health Workforce - What is Public Health

What we as a society do, collectively, to assure the conditions in which people can be healthy.



Core and Specialist Public Health Workforce — What is Public Health

Individual

Family

Community

Local

Regional

National

Global



Health protection

**Health and social care
Service improvement**

Health improvement

**Health intelligence and surveillance; leadership; partnership working;
strategy, policy development and implementation; research**

Core and Specialist Public Health Workforce Commission - Remit

- Identify the range of possible options for organisation of the specialist public health workforce
- Review models of specialist public health workforce arrangements implemented and operating elsewhere
- Assess the options against which would deliver the most effective, efficient and resilient specialist public health function
- Consider the specific role of the Director of Public Health and how that that can be most effectively delivered
- Provide the Public Health Reform Programme Board with options for how the specialist public health workforce (including environmental health) should be organised.



Core and Specialist Public Health Workforce – Specialist Expert Advisory Group

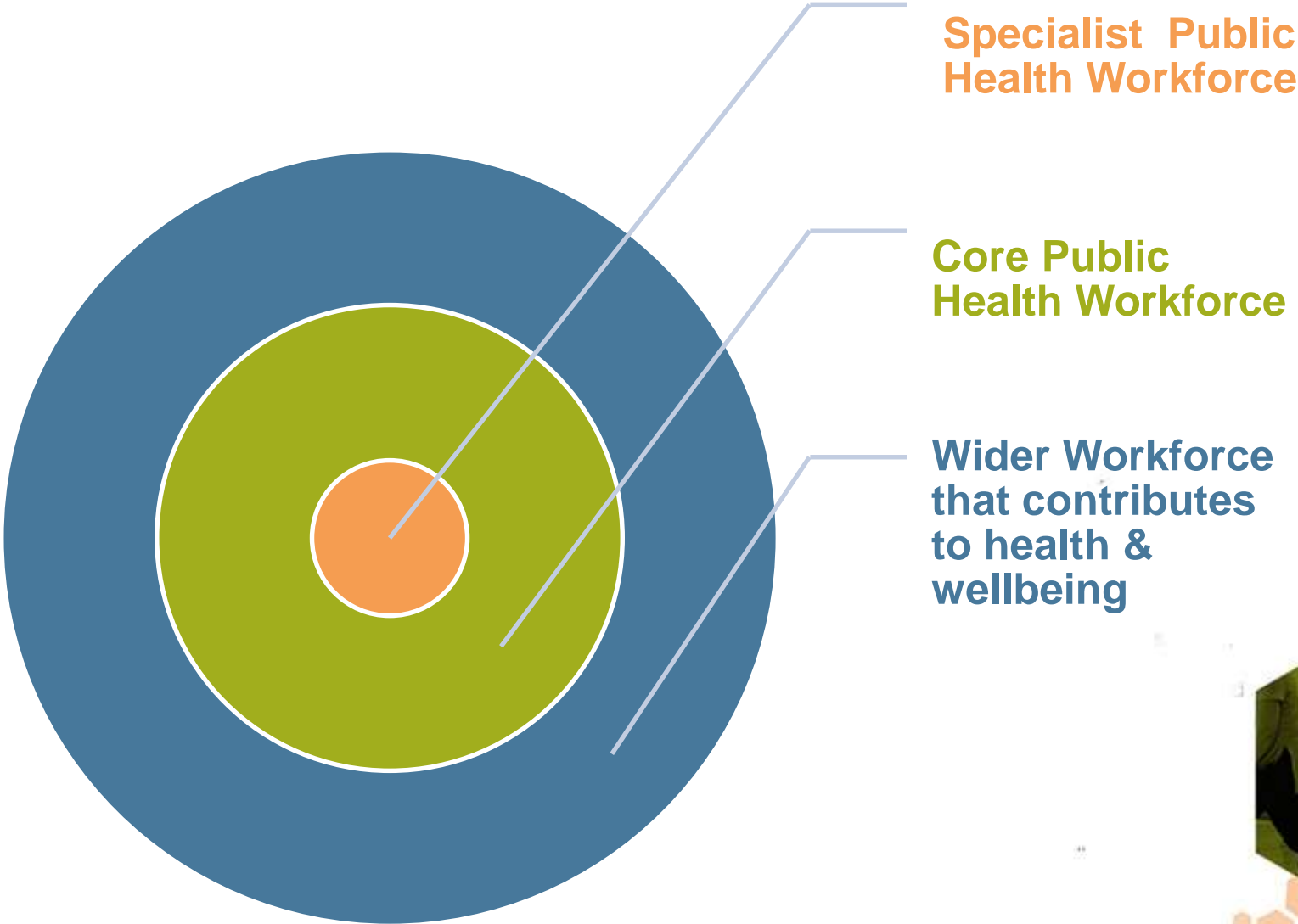
Draw on expertise and insights to co-produce options for the reform programme board to consider.

Participation and engagement from across the whole system including:

- Professional bodies
- Health Protection
- Health Improvement
- Healthcare Public Health
- NHS Boards
- Community Planning
- Environmental Health
- Community and Voluntary Sector
- Local Government
- Academia
- Scottish Government



Core and Specialist Public Health Workforce



Specialist Public Health Workforce

Core Public Health Workforce

Wider Workforce that contributes to health & wellbeing



Core and Specialist Public Health Workforce – in scope:

- Staff in public health departments
- Environmental health staff in local authorities
- Staff in health promotion/ improvement departments
- Staff in new public health body - Public Health Scotland
- Staff working in surveillance and health intelligence



Core and Specialist Public Health Workforce - Timeline



Core and Specialist Public Health Workforce – shared assumptions

- The status quo has not been successful in delivering the level of improvements that we want - therefore some form of **change is inevitable**
- There is a need to strengthen **partnership working** across the public and third sectors - therefore this needs to be a priority within any option developed
- The need for increased **public health leadership** stated clearly by the Scottish Government - all options need to consider how this can be strengthened
- Organisational change is disruptive - therefore significant organisational change will only take place where there are **clear gains to public health in Scotland**



Core and Specialist Public Health Workforce – Options

- **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 current model: staff remain in NHS Boards (+ 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
- **Option 6** – Hybrid model bringing together local, regional and national elements



Core and Specialist Public Health Workforce – not all about structure

(Not to begin with)

- Phased approach that builds on the options developed as part of the commission
- The starting point is Option 3 (Enhanced Status Quo and the creation of Public Health Scotland)
- an approach that will seek to deliver improvements in key areas moving towards a coherent integrated local and national Public health function within the next two years



Core and Specialist Public Health Workforce – year one and two

- Leadership development to build and sustain collaborative relationships across the wider system
- Development of Public Health Scotland's leadership role and support for the wider public health workforce.
- Workforce development with the SPHW that recognise the centrality of generic skills that are critical to effective partnership working. Building and maintaining relationships of trust and shared understanding of challenges and a commitment to working together



Core and Specialist Public Health Workforce – year one and two cont.

- Strengthened governance arrangements for the SPHW that clarifies their contribution to better health and wellbeing outcomes for local communities and that of other partners and a strengthened role for local communities
- Local performance framework for public health priorities that focuses on population outcomes and supports a learning culture and accountability
- Review and alignment of the Specialist Public Health Workforce and Public Health Scotland across the system consistent with the emerging public health landscape



Community Planning Partnerships

- **Community Planning Partnerships = local public health partnerships : prioritise joint support and leadership of these amongst the core and wider public health workforce**
- **Embed a focus on culture change, whole system working and clear accountability to deliver public health in Scotland at a local level that includes all community planning partners**
- **Embed a public health leadership role in each CPP to oversee this development and give a visible presence to the Public Health contribution. Thereby strengthening the local wider system for effective public health delivery and ensuring the efforts of PHS are linked to local needs.**



Integrated Public Health teams

Establishment of integrated teams would:

- Enhance the capacity of locally integrated public health teams through the addition of specialist staff from Public Health Scotland, under the leadership and management of the Director of Public Health
- There are clear merits in some of the approaches identified within the options considered by the SEAG and new models of working should be considered for some public health functions.
- Create the opportunity for a system that has local integrated public health teams to deliver some functions regionally.



Public Health Governance and Resourcing

- **Accountability for reform locally should sit with NHS Chief Executives, who will also have to play an increased leadership role within CPPs**
- **Identify the public health assurance and governance arrangements needed to provide an effective system locally and nationally and put these arrangements in place locally, and in Public Health Scotland supported by a performance framework and indicators**



Public Health Leadership

- **Identify conditions to create whole system approaches and identify the leadership contributions needed particularly from local authority and NHS Chief Executives and Directors of Public Health and their teams**
- **Directors of Public Health should retain their leadership role for the local integrated public health function and should remain as Executive Directors of NHS Boards, however, they should also be accountable to Local Authority Chief Executives for their contribution to the wider system and public sector reform.**



Environmental health services

- Increase its influence across all local government functions and enable it to take on a leadership role in relation to local government's contribution to health protection and the wider environment
- A national leadership role should be established within PHS that will provide a national overview of the profession and its statutory responsibilities
- Address current workforce challenges through:
 - The establishment of a national trainee scheme to support all environmental health graduates into employment
 - A review of current professional qualification pathway and the development of better post graduate access to professional courses.



Core and Specialist Public Health Workforce – some reflections

- Recognition of the complexity of delivery of public health functions
- Experience tells us that being located in an NHS setting does not always maximise impact, limits the focus on prevention and can make engaging communities challenging
- Overall there is an opportunity to strengthen elements of local and national delivery
- Some elements of public health need local engagement and support but do not suit local delivery, regional or national might work
- The relationship with the health and social care system is vital for elements of public health



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Core and Specialist Public Health Workforce – Option 1

Move staff in public health departments to local authorities (other than PHS staff, screening and health protection)

Strengths: influence in LAs and CPPs; local accountability & connections; visibly new opportunities; stronger population health focus

Weaknesses: loss of important connections with NHS; budget pressures on LAs; resource potentially too thinly spread; negative perception of experience in England; dilution of PH workforce



Core and Specialist Public Health Workforce – Option 2

Move staff in public health departments to HSCPs (other than PHS staff, health protection and possibly screening)

Strengths: influence on health and social care; accountability through two partners; visibly new opportunities; links to HB and LA data; potentially stronger population health focus

Weaknesses: complexity of accountability; budget pressures (although less than on LAs alone); resource potentially too thinly spread; separation of health protection from rest of PH



Core and Specialist Public Health Workforce – Option 3

Staff stay in NHS Boards and participate in obligate networks

Strengths: less structural change; retains strong links with the NHS; potential for more collaboration & less duplication

Weaknesses: potentially insufficient change to achieve reform ambitions; unclear how this would strengthen influence in LAs and CPPs; unclear how this would strengthen population and prevention focus; potential tensions between local and obligate network priorities



Core and Specialist Public Health Workforce – Option 4

Move all public health staff to PHS and deploy locally from there

Strengths: ability to deploy in response to need; flexibility; stronger identity for public health; visibly new opportunities; potential to reduce variation & duplication; stronger training and career path opportunities for staff

Weaknesses: complexity in ensuring governance and accountability for local delivery; potential conflict between PHS and local systems view of needs; potential for negative impact on remote & rural areas



Core and Specialist Public Health Workforce – Option 5

Move staff in public health departments and PHS to three regional hubs

Strengths: consolidate expertise; economies of scale; potential to reduce variation & duplication; stronger training and career path opportunities for staff

Weaknesses: lack of good alignment with other structures across the system; unclear how this would strengthen influence in LAs and CPPs; unclear how this would strengthen population and prevention focus



Core and Specialist Public Health Workforce – Option 6

Hybrid model contracting public health staff jointly to Health Boards, PHS and LAs

Strengths: potential to facilitate co-ordination, de-duplication & deployment according to need; facilitation of greater action locally and whole system working; visibly new opportunities for change

Weaknesses: challenge of co-ordination of staff across Scotland; potential conflict between the different partners' views of needs; complexity of governance & accountability arrangements

