Health Protection Scotland

Scottish Directors of Public Health

NHS National Services Scotland

Protecting Health Commission

Deliverable 5: Documentation setting out current and proposed future state for the Protecting Health function.

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1. Purpose

The purpose of this deliverable is to outline the current arrangements and proposed future functional arrangements for the Protecting Health function.

This commission provided the outline of current Health Protection functions and how these support service delivery in deliverable 2, and due diligence intelligence in deliverable 7. Between them these deliverables describe the current arrangements.

This paper contains recommendations for the future functional arrangements for the protecting health function and the context for its establishment.

The Public Health Reform team has provided the following product description for deliverable 5:

"Documentation setting out current and proposed future state for the Protecting Health function, including proposed benefits and benchmarks, related organisational structure diagrams, senior management roles and responsibilities, staffing models and levels, additional skills and training requirements, additional IT systems, infrastructure and processes needed, additional physical equipment and building that will be needed and any additional business processes, support processes or service management functions needed. Provide related financial costings as appropriate for any additions to the current arrangements."

This document, Deliverable 5, answers this requirement, acknowledging also the inter-dependent work of other Commissions that have common purposes.

2. Understanding the current context and establishing where positive changes can be made

The Commission has consulted widely on the Protecting Health function (see deliverable 4). The main focus of this document is the Health Protection function and, in addition, how this may support the wider protecting health endeavour, and public health in its entirety. By equal measure, Health Protection services are already inter-dependent with other services across Scotland, and this inter-dependence will deepen; a change that underpins the nature of the integration of Health Protection Scotland into Public Health Scotland.

The key themes of this Commission identify that Public Health Scotland can:

- build on the strengths of the existing function
- look to any future Health Protection Directorate to adjust to the new organisation - with it, a change in accountability and stakeholder expectation
- look forward to a firm platform of Health Protection service for further development.

2.1 Building on existing foundations

In the current Health Protection Scotland (HPS) and the Scottish Health Protection Network (SHPN) that it supports, there is a strong foundation of:

- **Expertise**

Health protection expertise already exists across topics, in professional organisations and in the many highly skilled staff in a range of disciplines who cover the large canvas of communicable disease and environmental health topics. Where there are gaps and intersections, other Scottish and UK agencies provide complementary services that can offer expertise. We also recognise the knowledge and experience of the wider public health community and third sector organisations across Scotland, whose expertise has the potential to bring great benefits to health protection.

- **Scope**

HPS is currently the national agency for all the above areas, and is supported by SHPN which is developing to encompass areas where it has not previously engaged. The domain of Health Protection

is dynamic and, with it, so are its professional activities. At times, demand for health protection services will exceed the available resource; internal protocols and arrangements set out to adjust resource to meet surges; local protocols are in place to cope with these demands and contingencies.

- **Collaboration**

The key instrument of collaboration for professional activities is the SHPN. Stakeholder engagement revealed more links, offered further opportunities, underlined the need to stay engaged with NHS Scotland in many respects whilst growing its network of relationships and connectedness with local government and other stakeholders, whatever the nature of the new Public Health Scotland's identity. The engagement also revealed the importance of broad communication of health protection activities so that organisations and communities around the country recognise the importance and role of health protection.

- **Links**

HPS and the SHPN have strong links across the Health Protection community, reaching well outside the health sector and intersecting with other Scottish organisations including academic bodies, UK and international agencies. Both have strong links also with other national NHS Boards for specific support functions such as training for workforce development, healthcare environments and public advice.

2.2 Adjusting to the new organisation, accountability and stakeholder expectation

Earlier work by this commission had identified four improvement themes: leadership, resilience, relationships and connectedness and innovation. These themes were used to stimulate engagement and debate on the future state for the protecting health function in Scotland and inform thinking on how the new organisation could function and how it should work with its stakeholders. We then developed deliverable 4 – documentation outlining customer requirements on the back of these consultations.

- **Leadership**

The process of stakeholder engagement and derivation of customer requirements revealed no compelling case for major structural change to deliver the function at this time. Indeed, external stakeholders sought assurance that the new Public Health Scotland will provide an outward-looking and accessible service of a certain nature; stakeholders did not express specific views about the internal organisation. Therefore, on behalf of the Commission's Project Board, Health Protection Scotland was asked to provide options for structural change in the light of the themes and stakeholder requirements, as set out in this section. A model is presented for consideration by the Public Health Reform Programme Board.

There is commitment to refreshed leadership, with health protection as a key integrated aspect of public health, through a values based appointment process, through acknowledgement that leadership goes wider across the new organisation, in collaboration with colleagues in local systems through the professional channels of the SHPN, and local system leaders such as Directors of Public Health and Heads of Environmental Health. The new organisation will enrich the commitment to leadership across public health, encompassing the scope of protecting health, and the function of Health Protection.

Health Protection will take its place amongst key elements of a national public health agency, working as an integrated team to lead and support professional work, and looking to senior colleagues across organisations and disciplines to maximise leadership capability. Leadership includes being accountable for the performance of the Health Protection function in the new organisation, and its effectiveness within the wider system.

- **Resilience**

The Health Protection function will host the focus that liaises and works effectively with resilience networks for health protection incidents and incident preparedness on behalf of PHScotland. It will ensure, through effective organisation, a 24/7 advisory and coordination service on Health Protection matters, and will agree with other parts of the new organisation their roles in supporting that service as well as how the health protection function can support other areas of work. The Directorate will ensure through its training and workforce development resource, operational management, suitable professional development exercises, reflection on experience, and team effectiveness, that individuals and teams are resilient and effective in protecting health. It will ensure suitable governance of this function, as part of the entire organisation's commitment to governance. It will recognise the importance of engagement with the public to resilience. Programmes such as immunisation, screening and outbreak response depend on fostering trust between the public, front line professionals, local public health systems and the health protection function.

- **Connectedness & Innovation**

The Directorate will develop and advocate for Information Systems (IS) & Information Technology (IT) that helps to deliver an integrated Health Protection service across Scotland, compatible with systems within Scotland, in ways that are reportable nationally and internationally. It will work with experts in other areas, including other public health functions, communications specialists, digital enterprises and interests, academic centres to ensure applications and proper evaluation of new technologies and communication methods to Health Protection. It will pursue opportunities for wider and appropriate sharing of information, further translating data into intelligence that is easily capable of public understanding.

- **Relationships**

The Health Protection function will make strong corporate links within the new PHScotland that ensure planning and priority-setting take full account of Health Protection matters and that the Health Protection Directorate can take account of partner/stakeholder needs. It will project its role to internal and external stakeholders and collaborate with partners to explain the role and enhance the reputation of the new organisation, the health protection function, the impact of health protection advice, and services. It will sustain strong linkages with NHS colleagues, research and public service collaborators, services that are vital supports to the public health system; and develop links in new areas of interest and joint purpose, such as CPPs and third sector organisations. It will pursue opportunities to engage with the public, building trust and ensuring that the organisation is responsive to community-need.

2.3 Platform for further development

More often than not, general issues for future development will be matters for the protecting health function to embrace together with the wider organisation once PHScotland is vested.

Of particular interest will be:

- Governance – how PHScotland belongs and relates to 'core' and wider, whole system support – as a collaboration, an accountability and system performance regulator, an HQ, the greater part of specialist public health delivery. These are all matters for further consideration.
- Leadership – system, collaborative, multi-disciplinary, science and knowledge, public-facing, committed to the wider aims of the organisation and national public health priorities.
- Resilience – wider system, a. for support of local operations, b. for assured 'strength-in-depth' expertise and succession in the national health protection function.
- Connectedness – harnessing digital and communications developments in the interest of public health, in a spectrum of different ways ranging from exploiting uses of data to improve intelligence and promote change, to public access and involvement of interested community groups in health protection matters.

- Relationships – internally, in connection with the four headings above; externally, particularly with newly evident stakeholders, local authorities and public health interest, third sector organisations and communities.
- Open to continuing change in the public sector, governance requirements and accountability, performance of public health protection and improvement across the system.
- Open to horizon scanning and the need for change and evolution in the professional world.
- Open to widening access to public health skills development, including across domains, recognition and career development, leadership roles across a wider range of backgrounds and disciplines. Continuing interest and responsiveness to stakeholder requirements.

3. Recommendations

Following wide consultation with stakeholders through both the strategic advisory group supporting the commission's project board and at wider stakeholder events, the protecting health commission makes the following recommendations for the future state of the protecting health function in PHScotland:

3.1 There should be a Directorate of Health Protection in Public Health Scotland (PHScotland) with a director who has a relevant clinical[1] professional background in a senior corporate position.

3.2 The health protection function of PHScotland should facilitate, provide support and contribute to the Scottish Health Protection Network as a key stakeholder member.

The SHPN is recognised as the entity which harnesses and synergises health protection services and resources across the country and should be supported and further developed to improve the resilience and quality of services where appropriate. Thought must be given to the complexity of SHPN operating from within PHScotland, given its current separation of governance from organisational management structures.

3.3 The health protection directorate of PHScotland should have clear and close links with the wider protecting health agenda. Key linkages should be made or strengthened with other domains or support services in PHScotland.

There are distinct and accepted features of the future health protection function which are highly likely to be elements of the current structure (unless there are compelling reasons for change). The health protection function should have clear and close links with the wider protecting health agenda, both within the Directorate and in other parts of the organisation – these include topics such as accidents and violence prevention, emergency planning and wider resilience, sexual health, drugs and addictions, inequalities, climate change and sustainability, food standards and diet, protection of vulnerable groups / inclusion health and multiple deprivation; community nursing, surveillance; hospital practice and acute services / service improvement. Other domains, Data and Intelligence resources, solving priority cross-cutting problems and relating to public health priorities are vital linkages. The following functional areas will be important (not exhaustive) – international, research and innovation. The following corporate functions will be important – workforce development, professional development and training including scientist and clinician skills and knowledge, postgraduate and post-specialist and practitioner accreditation, organisational development and HR, communications and publications / web / social media; the linkages of the health protection network with other domains and corporate leadership.

3.4 The protecting health function of PHScotland supported by the health protection directorate should have clear and close links across the whole public health system. Key linkages should be made or strengthened with agencies or stakeholders outside PHScotland, i.e. across the 'whole system'

The list is extensive and not exhaustive, but should include: Directors of Public Health and local health boards; local authorities environmental health and policy, housing, planning, including supporting community planning partnerships (CPPs) in developing their Local Outcomes Improvement Plans etc; Scottish Government (various); Special health boards and specific functions (for instance NHS24, HIS, NES, blood transfusion); UK Health protection organisations; International organisations (world, European,

[1] clinical in this context is understood to include those with health protection experience from a variety of specialist backgrounds. The individual should also have appropriate registration with a recognised professional body e.g. Faculty of Public Health (FPH), UK Voluntary Public Health Register, Nursing and Midwifery Council.

US); academic institutions (various functions to include teaching, research, data science and innovation); third sector groups and communities.

3.5 The current division of service provision between local, regional and national providers should be reviewed after the establishment of PHScotland.

Candidates are extensive and the list is not exhaustive, and may include several of the topics listed in recommendation 3.3 and 3.4; screening (specific programmes and overall), child programmes and surveillance programmes, environmental protection, community health linkages, communities of interest linkages (e.g. HIV, meningitis) healthcare associate infection and related issues, etc. This review of HP service provision across the wider system would also be informed by the recommendations from the Specialist Workforce Commission.

3.6 PHScotland governance will be designed to enable domains to work together to maximise the benefits of the new organisation.

The governance arrangements of the new organisation were considered. While this commission understands this is a matter for the senior team in the new organisation, a summary of the views of those involved in this commission is provided for consideration, in Annex 1, proposal 6.

3.7 Summary

The Commission considered whether these strategic proposals would take into account the stakeholder requirements identified in deliverable 4. As such, the themes of leadership, resilience, connectedness and innovation, and relationships were integral to answering the proposals. It also considered what if any gaps there are and identified next steps required to deliver the recommendations. This detail is provided in Annex 1.

4. Future State Proposals

4.1 Developing an Organisational Structure

Feedback from stakeholders showed no compelling view on the need for major structural change at this stage. None the less we have been asked within the commission to take stakeholder needs and the views of other commissions into account in proposing a structure for the health protection function of PHScotland. These considerations shape the proposal and principles set out below.

The recommendation for the structure is based on the need for a distinct health protection function within a national integrated public health agency that seeks to protect all the people of Scotland from infectious and environmental hazards and that works in tandem with other public health domains. The following principles were proposed by the senior management team of Health Protection Scotland and considered further by the project team:

- A national health protection function should be provided by a health protection directorate that comprises a critical mass of people with health protection expertise
- Health Protection's response function – the 'blue light' element of health protection, its 24/7 on call role – requires flexibility and agility to provide surge capacity to ensure health protection is delivered in a safe way, which is best provided by an integrated approach across PHScotland
- The Health Protection directorate with a director who has a relevant clinical[2] professional background in a senior corporate position should be represented at the executive level of PHScotland
- The directorate has identifiable, clinical professional leadership across its services supporting distributed systems leadership within the directorate, PHScotland and the wider system
- The directorate will be supported by cross-cutting shared services (e.g. administration) that are customer-led, of high quality, are adequately resourced and with mutually agreed priorities
- It encourages engagement and collaboration with local authorities, CPPs, third sector organisations, and the wider public alongside health boards
- It encourages collaboration with territorial NHS boards to build on current national resilience arrangements
- Its work will be aligned with Public Health priorities and Health Protection outcomes
- Health Protection systems, internal and external, need to be improved (in collaboration with IT for the technical elements) by people who have health protection expertise in collaboration with partners, stakeholders, those who will benefit from the improvement, including the public.
- There will be a distinct HP Research and Innovation stream working in collaboration with organisation wide research endeavours.
- The strategy for workforce development, which the commission assumes will sit with PHScotland, will have a distinct HP element for training of the specialist workforce, internal and external.
- There will be specific HP communications resource provided as part of an internal PHScotland communications function.
- A cohesive directorate will be an equal partner in the organisation
- It will also support the health protection function to develop its culture to be more open and inclusive, being more interactive with non health protection colleagues, inside and outside the organisation

[2] clinical in this context is understood to include those with health protection experience from a variety of specialist backgrounds. The individual should also have appropriate registration with a recognised professional body e.g. Faculty of Public Health (FPH), UK Voluntary Public Health Register, Nursing and Midwifery Council.

4.2 Current structure

The current functional organisation of HPS is shown in annex 2. Further detail is provided in Deliverable 2 - An outline of current Health Protection functions and how they support service delivery.

4.3 Future Protecting Health Organisational Structure

The proposed organisational structure for the health protection domain is included at annex 3.

The difference from the current structure is that it is an integrated health protection directorate, operationally managed within the directorate. Professional accountability for senior roles requiring registration will have professional accountability to individual, appropriate roles at the most senior level of PHScotland.

The directorate will be interdependent as part of a stronger, more effective, forward looking organisation and will be accountable to the board of PHScotland and, through them to, local and Scottish governments.

It is anticipated that most staff currently working on health protection within PHI will be transferred from PHI to the health protection directorate in PHScotland. In topic areas which cross-cut domains, or may become integrated corporate functions – see recommendation 3.3 - some staff may more appropriately sit under different directorates than present.

Currently, HPS is led by an Associate Director (with a senior management background) working collaboratively with a clinical director, a nursing lead and a senior management team that has clinical and non-clinical membership. This Senior Management Team is accountable to the PHI Director and Medical Director via the PHI Strategic Governance Group. .

Several options were identified for the future function, and require further discussion as the Target Operating Model (TOM) is developed. Options include, as per the current model, or moving to a single director with a clinical professional background, or having two directors, one a clinical professional and the other a professional general manager.

It is expected that staff will transfer with existing job descriptions and that new PHScotland wide job descriptions will be developed taking into account cross commission requirements.

Staff currently working on health protection within PHI are anticipated to transfer to the directorate; no overall increase in staffing model is anticipated.

4.4 Transition requirements

It is anticipated that mandatory training requirements currently in place will transfer. An introductory course to all the domains of public health should be provided, or if available now should be completed by all staff transferring.

Additional systems identified will be developed in collaboration with the IT commission.

It is anticipated that governance processes in the new organization will be developed in collaboration across the domains. This commission has provided some suggestions on governance for PHScotland.

It is anticipated that current facilities at Gyle and Meridian locations will be used by PHScotland, with some reorganisation to locate PHScotland staff in proximity to each other. It is expected that existing physical equipment used by the staff transferring will transfer.

Given the emergency response role for health protection, current building arrangements (including an emergency response room) at Meridian Court should be at least maintained and updated in line with current technology

IT, Finance, Facilities, HR, communications will be required to assist with the transition and it is expected this will be done via collaboration with the various workstreams in the public health reform PIDs. Engagement and collaboration with NSS and HS projects enabling the transition to the new organisations will be required: service management input from transitioning organisations will be needed.

4.5 Public Health Scotland structure

The needs and principles that have been used to inform this recommendation for a health protection directorate are not all transferrable to the rest of PHScotland. While some may be, this commission would recommend that the structure of the new organisation recognises this diversity by allowing for different functions or services to structure according to their need, within the overall governance of the organisation.

This should be balanced with a structure where all domains of public health have clear governance and accountability. Interaction between domains will be defined by the priorities and public health outcomes.

5. Conclusions

The commission recommends the formation of a health protection directorate that is integrated with the wider PHScotland, supports the public health priorities and the wider public health system.

The commission will be keen to engage with the reform team as part of the development of the TOM in matters of leadership and management, data and intelligence, the extent of integration and interdependence with other parts of the new organisation.

Annex 1 Summary of feedback on proposals developed following stakeholder engagement

Proposal 1	**There should be a Directorate of Health Protection in Public Health Scotland (PHScotland) with a director who has a relevant clinical[3] professional background in a senior corporate position.**
Pros	Health Protection at senior level in the organisation; balance across domains; accountability, cross domain collaboration; participative in systems leadership; identifiable health protection leadership supporting existing resilience, developing it if needed; develop connectedness by raising awareness of HP work; relevant experience required to lead; role to support innovation, cross domain in PHScotland and beyond
Cons	Leadership to be a behaviour of all staff: risk that the role becomes centralised and not focussed on Scotland as a whole Health protection or protecting health and clinical element to the director role to be clarified.
Next steps	**Process** Open values based recruitment to find the right candidate, subject to usual HR processes. **Organisational/structural** Sufficient resource needs to be to be in place to deliver the service. Commitment to working across the whole system and organisation (porous boundaries) **Values/relationships** Ongoing investment in leadership with a clear succession planning process
Gaps	Detailed description of the governance of the organisation, so not clear at this stage if this proposal is a possibility, specifics of the role need further definition
Summary	Support for domain and director, role recognised as important for advancing on all four themes. Systems leadership required for the role. Defining the experience required for the role i.e. position of clinical in that description. While the directorate is the "known knowns" of the current national HP service, the commission has also discussed wider opportunities around Protecting Health. Protecting Health should be a cross organisational PHScotland responsibility, working across domains, maintaining and developing current good working practices. Maintain integrity, brand and parity of health protection function: this is parity with other domains in PHScotland. Function and its impact is more important than workforce numbers as a measure of parity We also need to work across the whole system. This can be achieved through relationships, it is not about all being part of the same organisation. We need to ensure that appropriate resource is available for the service.

[3] clinical in this context is understood to include those with health protection experience from a variety of specialist backgrounds. The individual should also have appropriate registration with a recognised professional body e.g. Faculty of Public Health (FPH), UK Voluntary Public Health Register, Nursing and Midwifery Council.

Proposal 2	**The health protection function of PHScotland should facilitate, provide support and contribute to the Scottish Health Protection Network as a key stakeholder member**
Pros	Ensures that all of HP is represented; provides a mechanism for disseminated and collaborative leadership at all levels of HP locally and nationally; ensures that all boards provide equal standard of care and support to those adversely affected by communicable disease & environmental hazards; supports resilience locally and nationally. Opportunity to move to a more holistic approach that encompasses infection prevention and control, empowerment of outer disciplines and stakeholders to create a more involving culture.
Cons	Request for clarity as to what this proposal means in practice: SHPN should continue to be a distinct but equal partner with PHScotland with an independent governance structure. The current parallel governance structure reflects system fragmentation; the benefits of the SHPN are well recognised but improvement is suggested; lack of collaboration can result in similar activities challenging for the same resources and none achieving their objective; there a risk all the work could come its way without provision of adequate resources if it remains independent.
Next steps	**Process** SHPN governance remains as it currently is during the establishment of the new organisation. SHPN is committed to keeping its current governance and accountability arrangements under review as PHScotland itself develops in future. **Organisational/structural** Ensure all areas are represented and that Scotland isn't treated as a homogenous whole. Assign SHPN clear agreed problem solving and objectives that are needs- rather than service- driven, not function driven Sufficient resource to be allocated to SHPN to deliver though this is not the sole responsibility of the national function as further support could come from members' boards given the value the network provides Put in place an improved IT infrastructure and system to make it possible to share information across boards, recognising resource requirements needed **Values/relationships** SHPN should continue to develop an inclusive culture. The health protection function should be perceived as an interesting and attractive place to work and to develop
Gaps	Creating a consistent culture for the PHScotland and the SHPN will be essential Further developing social care and community representation on the groups would be essential
Summary	SHPN is recognised as a key forum for stakeholders to collaborate with HP at a national level with quality, inclusiveness and efficiency seen as the three key values that will ensure its continuing success. Its relationship with, and any accountability to, PHScotland needs to be made clear. Maintain the network during transition and build on it: wider PHScotland could look to the SHPN model for use in other areas. Practical barriers will not be allowed to get in the way of the continued development of an inclusive culture

Proposal 3	**The health protection directorate of PHScotland should have clear and close links with the wider protecting health agenda. Key linkages should be made or strengthened with other domains or support services in PHScotland**
Pros	Supports links with other branches of public health, especially children and early years, mental health and wellbeing; develops enhanced leadership; organisation is more efficient; listens to staff across different parts of Scotland; gives a more rounded approach to public health in PHScotland; allows data linking between local, regional and national and across service areas; facilitates development of One Health outlook
Cons	This could be resource intensive
Next steps	**Process** Maintain a primary focus on needs, in balance with service availability. Develop job descriptions that encourage fluidity and cross-domain working **Organisational/structural** Encourage distributed systems leadership structures (i.e. shared understanding, leadership message & responsibility) Roles and responsibilities are clearly apportioned. Synthesis of new and renewed risk areas in line with longer term strategic priorities and for regular review of a stronger national environmental health voice Develop PHScotland capacity for environmental sustainability and climate change – in line with support given to other global and national priorities Usable IT system linking local and national data, eg new data sources (transport, geographic) and across and between health organisations Consider more flexible management models to encourage cross-domain/topic working. Modern IT in place to support communications, recognising investment required to do this **Values/relationships** Invest in/protect/ value time/ mechanisms to support working together. Change mindset to one of travelling to stakeholders and to recognising the importance of face-to-face interaction
Gaps	Building on good progress made, there needs to be more explicit connections from current health protection activity to the public health priorities and activities supporting them, again building on existing good practice. This may help to address a perception gap around the level of integrated work already going on. ; Horizon scanning outside HP domain Better communication from NHS boards to PHScotland; Insufficient numbers of EHOs; Small numbers of people with specialist expertise in some areas. Organisational support for informal relationship building at all levels,
Summary	There is support for strengthened links across the wider Protecting Health system and a desire that this is not seen separately from strengthened links with other partners and stakeholders (see next table). Particularly emphasised are links between national, regional and local; and across public health domains where cross-cutting work would be beneficial, eg inequalities. This includes established communication channels, data and information sharing processes (including integrated IT), and value placed on relationship building both formally and informally. Encourage continued development of an increasingly open and responsive function.

Proposal 4	The protecting health function of PHScotland supported by the health protection directorate should have clear and close links across the whole system. Key linkages should be made or strengthened with agencies or stakeholders outside PHScotland, i.e. across the 'whole system'
Pros	Links to include FSS, labs, APHA, SRUC, vets, SEPA, SDWQR, IJBs, CPPs, PHE, ECDC, SMaSH, third sector, GPs, primary care, education, SNH, IPC teams, WHO, SG, NHS boards; will support enhanced leadership; promote greater mutual understanding; make outbreak/situation management easier; make the function more responsive to population need; improved data and information sharing with outside agencies; whole system approach benefiting from greater connectedness and drive innovation; once-for-Scotland single system working; allow us to *do with* rather than *do to* communities; makes use of SHPN in relationship building and strengthening; build greater trust with public; opportunity to bring benefit through public or community representation; continue to develop One Health outlook;.
Cons	PHScotland must ensure responsibility for PH action is only placed on others who are equipped or resourced to deal with the requirement.
Next Steps	**Process** Liaise with stakeholders to identify specialist resources across agencies to create more effective synergies Put in place open and quickly responsive communication including social media Need more established lines of communication Need to define desired outcomes Need established processes whereby the protecting health function is engaged with communities across Scotland, responding to population need as expressed by the population themselves **Organisational/structural** Coordinated research activity including operationalisation of novel best practice Improve links with third sector Introduce shared leadership with partners and public Staff should be enabled to shadow colleagues across the whole system, work in multi disciplinary, cross PHScotland teams, multi organisation teams and take opportunities to work in other parts of the whole system, such as time in national or local government Put in place MoUs or equivalent to establish roles and responsibilities Consider nesting areas for collaboration in part of PHScotland with distinct role in collaborating to support the wider system Overcome technical barriers to information sharing, eg firewalls Move from a top-down national specialist system to a decentralised system perspective **Values/relationships** Relationship- and trust-building to be prioritised with active engagement and empowerment of partners and stakeholders Planned and proactive travelling to where stakeholders are and recognition of importance of face-to-face interaction Any tensions with local HP teams and local systems should be managed

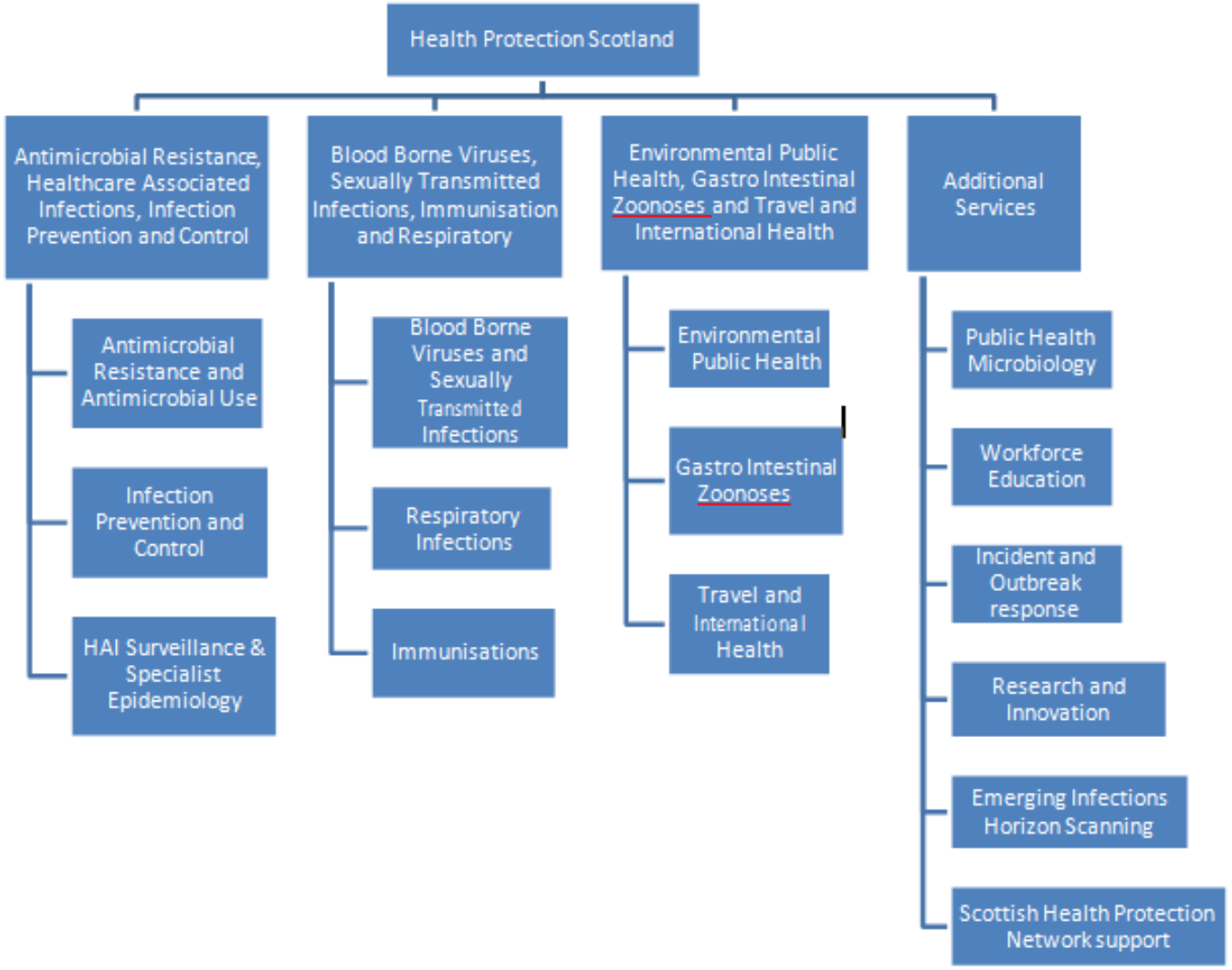
Gaps	Improving collaborative working with partner organisations Data linkages with community bodies and public Wide ranging understanding of turning informal relationships or networking into collaboration and maximising opportunity Involvement of the public in research which impacts upon them Increase in requests from organisations across the whole system will need to be prioritised and there is a gap in the mechanism for prioritisation across PHScotland.
Summary	There is strong support for strengthened links with partners and stakeholders out with PHScotland, with a particular emphasis on the need to include the public/communities. Potential is seen for data and information sharing and building trust with Scotland's population by *doing with* them rather than *doing to* them. There is recognition that relationship building, developing and sustaining are ongoing processes which require ongoing distributed leadership – building upon current models including SHPN and existing linkages. A cultural shift to greater openness and seeing partners as equals is desired. GPs/primary care have not been included in discussion to date; the support of PHScotland to local colleagues in their relationships with primary care needs attention A comprehensive list of important relationships is available from HPS & deliverable 2) Include global health and national response to emergencies Reach out to people to let them know what we do and how we can help them

Proposal 5	**The current division of service provision between local, regional and national providers should be reviewed after the establishment of PHScotland**
Pros	Would raise awareness of issues at different levels in different areas; would help to take HP leadership beyond traditional public health; would promote collective responsibility for resilience across all boards; opportunity to develop a responsive and patient focused service; would foster communication across all disciplines and help PHScotland develop good relationships with everyone who can influence HP outcomes
Cons	None with the proposal for a review, but concern that the review should not be limited to the traditional health protection function in NHS. Concern also about the timing of the review, one view that a review should not be delayed but should be considered now as part of the work for the new organisation. Alternate view that review should only take place once PHScotland fully functional.
Next steps	**Process** Link the output of this commission with those of the other commissions to ensure that the local public health workforce is considered 'in the round.' Scope of the review should look across organisations and domains, eg infection prevention and control teams, environmental health departments, Scottish Water, SEPA etc. If it is limited to the traditional health protection function in NHS boards it will fail to pick up on resilience issues with services and teams that health protection teams rely on. **Organisational/structural** The health protection directorate, as part of PHScotland, should consider how it supports localities in response to surge or acute pressures. **Values/relationships** Build on the mutually supportive relationships that currently exist between boards.
Gaps	There are many technological challenges to over-come and adequate and reliable IT systems would be integral to progress. The provision of infection prevention and control in non NHS care settings should be reviewed, it is crucial to supporting local resilience and protecting health across the whole system. The scope of the review should include options for any beneficial movement of services and functions between functions/organisations. The resilience of laboratory services at local/regional/national levels should be reviewed.
Services/functions currently provided by national, local or regional HP that should be	Data collection for local cases could be done by PHScotland and info accessible to each board area weekly/monthly – where local service demand e.g. in primary care means data collection is not a high priority On-call, resilience, infection control depending on the configuration of NHS Scotland acute services, health and social care.

provided elsewhere	
Services/functions currently provided elsewhere that should be provided by national, local or regional HP	Community screening of identified contacts of communicable disease. Value in objective review of how food and environmental health functions are delivered locally, regionally, nationally but recognise that these are out with the scope of this commission
Summary	There is support for a review of a Scotland wide strategic approach to health protection after the establishment of PHScotland including in and out of hours resilience, working arrangements and relationships. This should not be limited to the health protection function in the NHS but also include national, regional, and local levels, and the wider system. The purpose and scope of such a review will depend on the design and scope of Public Health Scotland – indeed, the organisation may take on a remit for evolution of the system and its support for it, and review of effectiveness of the public health function in general.

Proposal 6	**PHScotland governance will be designed to enable domains to work together to maximise the benefits of the new organisation**
Pros	Will bring all areas and systems together to provide good level of service without individual components losing autonomy over function; clear understanding of roles and responsibilities; will create opportunities for connectedness and innovation in PHScotland and encourage cross working between the three main "domains" of public health; will provide effective and substantial assurance to the Board and corporate PHScotland.
Cons	There is a risk that local areas deliver a diluted service if PHScotland assumes full governance. The balance must be kept right so that whilst accountability and resource control are in place, systems should be designed to be low bureaucracy .
Next steps	**Process** The public should be involved in the governance structure eg citizen panel. Joint review and lessons learned should be fed into and integral to joint accountability mechanisms **Organisational/structural** Governance systems should be shared, jointly developed, taking and harnessing best practice from other organisations A concerted effort should be made to have efficient and timely approval processes (eg around information governance for data sharing/processing/collection) Governance arrangements should reflect organisational, public service values, eg open-minded, accountable, transparent, proportionate, shared and willing to live with uncertainty. **Values/relationships** Governance structure should reflect the cross domain working that should be embedded within PHScotland. A flexible management model should be considered. PHScotland will be co-governed by Scottish Government and COSLA. This should be a reciprocal relationship where PHScotland must be able to hold SG/COSLA to account as well as vice versa.
Gaps	There should be a shift towards allowing and facilitating communities, networks and project teams to emerge for the purposes of exploring their shared ideas. A clear reporting structure through Scottish Government is also needed.
Summary	The governance structure of PHScotland should reflect the cross domain working that will be embedded within PHScotland. Integrated governance will help to achieve organisational objectives and will maximise the quality of service delivered by PHScotland, allowing it in turn to achieve the best outcomes for the wider community and partner organisations. The governance arrangements should be efficient, clear, and at a level that encourages innovation and change and reflects the values of cross domain working.

Annex 2 Current functional structure of Health Protection Scotland



Annex 3 Proposed functional structure for the health protection domain of PHScotland