

Scottish Public Health Network (ScotPHN) on behalf of the Scottish Directors of Public Health Group New Ways of Working for Public Health in Scotland January 2013

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## Background

In 2011 the Scottish Directors of Public Health asked the Scottish Public Health Network to undertake a review of how Public Health in Scotland could be developed to make further progress in addressing the health and health care needs of the people of Scotland whilst also meeting the challenges that all public sector bodies face.

In early 2012 the emerging findings from that review were considered by the Scottish Directors of Public Health, and a wider group of Public health specialists from across Scotland came together in April 2012 to explore the findings of the review and how we might work in Scotland in the future

Over 35 participants from 20 Health Boards and Special Health Boards met at this event and explored two key considerations:

- 1. what was to be the vision for public health delivery in Scotland; and
- 2. what were the actions that should be taken forward immediately and what needed taking forward on a longer term, developmental basis.

This brief report sets out the key messages and actions to establish these new ways of working for Public Health in Scotland.

## The Vision for Public Health

Our existing vision for Public Health is firmly based on the "Three Domains" model of Public Health Service delivery<sup>1</sup> and The Review of the Public Health Function in Scotland (the "Carter Review") (2000)<sup>2</sup>.

These set out how a high quality, effective public health function is a necessary part of how Scottish health and health care policy is delivered. It includes areas as diverse as meeting national and local targets for health improvement and health inequalities reduction, delivering an effective health protection service, ensuring the delivery of effective health care services and responding to civil emergencies. It recognises that in delivering high quality, effective public health "service" for local populations, individual Health Boards in Scotland are likely to be configured differently to meet local population needs. It acknowledges that there will be necessary collaborative approaches to delivering public health at local, regional or national levels. In meeting demanding expectations to protect, promote and provide

<sup>&</sup>lt;sup>1</sup> Griffiths S, Jewell T, and Donnelly P. (2005). Public health in practice: the three domains of public health. *Public Health* 119: 907-13.

<sup>&</sup>lt;sup>2</sup> Scottish Office Health Department (2000). The Review of the Public Health Function in Scotland. Edinburgh, Scottish Office.

public health for the populations served, this vision encompasses the complex set of corporate requirements for Public Health Directorates working within unique, multi-agency environments.

Our view is that this is still valid, but can be restated and refreshed to make it more relevant to the future of the public health function in Scotland which will help in supporting many of the other, practical actions we are proposing. Doing this will not be time consuming, and so we have set a process in train with key partners and stakeholders in early 2013.

### New ways of working – the Immediate Actions

We have identified a number of immediate actions which we are now taking forward.

1. Public Health will be more collaborative.

Public Health in Scotland will renew its emphasis on working collaboratively at local, regional and national levels, developing a simple set of guiding principles to inform collaborative practice.

To support this way of working we will:

- build on the existing innovative and best practice in Public Health across Scotland and scale these up across public health functions and organisational boundaries where appropriate;
- strengthen existing, and re-establish where necessary, special interest groups across public health teams in Scotland. These will improve delivery of our public health priorities; strengthen relationships, support CPD and peer-learning, promote collaboration, share skills and improve communication. An early priority has been to re-establish the Special Interest Group focusing on service improvement and healthcare public health to support local and regional planning and the work of the National Planning Forum; aim to make more effective use of the wide-ranging skills of public health teams across Scotland. ScotPHN will support this by refreshing the use of the public health skills database;
- create better opportunities for specialist public health at the local level to engage more fully with ScotPHN and the Special Interest Groups through recognising regional and national contributions in job descriptions and job plans;
- create the means to share local, regional and national work on the ScotPHN website; and
- create the mechanisms needed to manage professional accountabilities when working collaboratively or on a shared service basis across Public Health Directorates in Scotland.

### 2. Public Health will be more effective and more efficient.

Public Health in Scotland will become more efficient and effective in what it does.

To do this we will:

- focus on outcomes and effective interventions
- focus on key priorities in the fields of health improvement, health protection and health service quality
- develop our capacity for horizon scanning to improve our preparedness and responsiveness

### 3. Public Health will improve its service quality.

Public Health in Scotland will refine its approach to its own service quality and effectiveness to meet the challenges set out in the NHSScotland Quality Strategy.

To support this way of working we will:

- use service standards for public health functions at local, regional and national level; and
- work jointly on public health workforce planning with key partners (e.g. NHS Education Scotland, Scottish Government and the Faculty of Public Health).

### New ways of working – the Developmental Actions

In addition to the Immediate Actions, we have identified three areas where public health actions need to be more fully developed.

There is one area for development agreed in each of the three domains of public health.

### 4. Implementation of the Health Protection Stocktake.

Public Health in Scotland will implement the Health Protection Stocktake.

### 5. Developing Assets-Based Approaches for Public Health.

Public Health in Scotland will develop a more structured approach to improving health and reducing health inequalities through co-production with local communities, enhancing our assets to create more sustainable health and wellbeing.

To support this new way of working, a developmental work programme has been agreed to:

- establish a shared "library" of asset-based pieces of work jointly with the Scottish Community Development Centre;
- create more "thoughtful" approaches to how we can use asset-based approaches and co-produce new work or enhance existing developmental work. This will include work to develop a culture that uses asset-based approaches and coproduction as the "default" approach for public health action;
- establish an organisational understanding and acceptance of the approach within the NHS and more widely with Community Planning Partners;
- create an effective collaboration between the Scottish Directors of Public Health, NHS Health Scotland and the Scottish Community Development Centre (mediated by ScotPHN) to help and sustain development;
- set out the current evidence base and priorities for action; and
- create an approach to evaluation and appropriate quality measures.

### 6. <u>Developing Public Health Support for Efficiency</u>, <u>Quality and Disinvestment in</u> <u>Health Care Services</u>.

Public Health in Scotland will more actively contribute to national, regional and local work to deliver efficiency, quality and disinvestment in health care services.

To support this, a developmental work programme has been agreed to:

- support disinvestment work helping to develop methods to extend the use of the NHS Croydon list in financial efficiency processes other than cash-releasing approaches;
- support "Invest to Save" working developing the evidence on "invest to save" for preventative services in the context of both integration of health and social care and population interventions;
- creating practical implementation guidance to support local work on delivering health service efficiencies, drawing on existing initiatives such as the logic modelling work of North of Scotland Public Health Network for the North of Scotland Planning Group, the ISD financial impact framework and service redesign approaches; and
- supporting financial redesign developing tools that are alternatives to "cashrelease" as a means of achieving cost reductions / cost-pressure reductions in health and health care services.

We will make sure we do this in line with and to support the work of the National Planning Forum and relevant national agencies and work programmes to best inform national and regional planning.

## Making it happen

The Scottish Directors of Public Health have tasked ScotPHN to develop plans to deliver on each of these areas. We have also asked for clear lines of communication to make sure everyone is aware of these developments and knows how to make best use of these new ways of working.

As part of the action plan, the Scottish Directors have set an ambitious set of timescales for implementing the Immediate Actions and for the Developmental Actions and delivering these new ways of working. These can be summarised as:

- 2012-13 Immediate Actions implemented; Planning for longer term Developmental Actions completed;
- 2013-14 Implementation of Developmental Actions 2014-15, Initial evaluation of benefits realised

## Conclusion

We hope that the publication of this summary continues the momentum created earlier in 2012 through the initial workshop and consultation. We are very keen to develop these themes and look for further engagement and action from those within the public health community and our stakeholders from throughout the health service, partner agencies and Scottish Government. We know that these are only the first steps in finding new ways of working towards a sustainable public health function in Scotland. But we believe that this is an opportunity to re-energise the public health movement in Scotland, to work towards delivering sustainable models of health services, and sustainable health and wellbeing for the people of Scotland.

If you are interested in getting involved with us please contact us via ScotPHN at:

www.scotphn.net



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