

NHS Scotland Shared Services – Health Portfolio – Public Health

PROJECT INITIATION DOCUMENTATION

Background:	<p>NHS Scotland Shared Services Portfolio was established in July 2015. It reports to NHS Chief Executives. Its vision is to:</p> <ul style="list-style-type: none">• transform the way support services are delivered by integrating services and working across boundaries;• support Scotland’s health with a sustainable, consistent and effective service which meets customer’s requirements;• be fully accountable to their customers for the quality and effectiveness of their services;• exploit economies of scale to increase efficiency, reduce costs and maximise returns from continuous improvement; and• embed governance to set strategic direction, prioritise service improvements and resolve day to day issues. <p>Public Health was included in the Health Portfolio. This component of the SSP has awaited the outcome of the Public Health Review (PHR), commenced in November 2014 and published in February 2016, so that the recommendations of the PHR can be fully integrated into the SSP-PH.</p>
Policy Context:	<p>2020 Vision Public Health Review</p>
Project Scope:	<p>The PHR recommended specifically (para 138) that the SSP should help <i>define the strategic direction of public health and help underpin the development and delivery of the overarching review of organisational arrangements for public health in Scotland</i>. This project will provide a crucial first step in this development of public health in Scotland and the implementation of the recommendations from the PHR and specifically those related to public health function. The project will consider the three domains of health improvement, health protection and health services and the underpinning domain of public health intelligence. Adhering to the principle of ‘form follows function’, the findings of this project will inform any future work related to the rationalisation of structure and organisational arrangements which may be required to fully support effective and efficient functions. The review of structure and organisation are beyond the scope of this work.</p> <p>It will consider how a ‘once for Scotland’ or a ‘best for Scotland’ at national level should be developed whilst maintaining good local relationships. It will suggest what mechanisms should be employed to enhance connectivity between national, regional and local public health functions to achieve the outcomes the public health community seek to achieve effectively and efficiently.</p> <p>The work will reflect the key themes arising from the PHR i.e. workforce, leadership and partnership in relation to the functions and</p>

	<p>will align with other strands of work taken forward from recommendations of the PHR. It will in turn make recommendations which contribute to the overall portfolio of shared services for the CEs.</p>
Aims:	<ul style="list-style-type: none"> • To understand the current public health function in Scotland through mapping current activity and the mechanisms and relationships required for delivery at local, regional and national level. • To understand how the public health function can be made more effective and efficient and what modifications may be required to local, regional and national working to achieve this. • To identify appropriate governance arrangements. • To inform future work on the structure and organisation of public health in Scotland. • To engage with the all the key bodies delivering public health. • To make recommendations for implementation of any changes in the delivery of public health functions. These will consider all aspects of service delivery including efficiency, quality, equity and stakeholder acceptability.
Stakeholders:	<ul style="list-style-type: none"> • Scottish Government • Chief Executives • NHS Boards • NSS & other relevant Special Health Boards • NHS Health Scotland • Healthcare Improvement Scotland • NHS Education Scotland • Faculty of Public Health • Scottish Directors of Public Health • Scottish Health Promotion Managers • Consultants in Public Health, Dental Public Health and Pharmaceutical Public Health • Specialist Trainees • All core public health staff • Glasgow Centre for Population Health (GCPH) • NoSPHN, ScotPHN and other public health networks • Academics in public health • Nurse Directors • Medical Directors • Directors of Planning • Local Authorities, CoSLA, SOLACE • Community Planning Partnerships • Health and Social Care Integrated Joint Boards • REHIS • Environmental health staff • SEPA • Scottish Water • Veterinary service • Regional resilience partnerships • Voluntary Health Scotland, Scottish Community Development

	<p>Centre</p> <ul style="list-style-type: none"> • UK agencies (where appropriate in relation to Scottish public health functions)
Methods:	<p>Mapping: Consolidate data on function obtained through the PHR, the PHR report and associated engagement documents to avoid duplication of efforts and develop an outline of current activity and relationships. Where necessary mapping may be required by NHS Boards (via SDsPH) to confirm current services/function locally.</p> <p>Stakeholder engagement: Identify and engage with all stakeholders where practical. It is anticipated that different levels of engagement and communication will be required depending on the interest of the stakeholder. Where possible existing meetings of groups etc will be used. Stakeholder views will be gathered on examples of functions/services for possible development identified from PHR and the project Professional Advisory Group. A series of questions will be developed for discussion; their focus will be to establish what the public health function is and should be for Scotland; the questions will explore what 'once / best for Scotland' is and should be using the framework of the four domains of public health and 'local, regional and national'; effectiveness and efficiency will be used as criteria The work will encompass issues of remote and ruralness.</p> <p>There will be two phases of engagement. The first will be to obtain views on potential areas for change already identified in the short term and ideas for the future arrangement of function as outlined above. The second will be to discuss findings and proposed recommendations, in the form of business case options for the Shared Services Portfolio Board, with stakeholders.</p> <p>Work framework: Views of stakeholders will be captured and analysed using a framework based on SBAR (Situation; Background; Assessment; Recommendation).</p> <p>Report: An 'Initial Agreement' which will articulate viable business case options will be made to the Shared Services Portfolio Board. This will be subject to SSP governance process.</p>
Timescale and outputs	<p>December 2015 – September 2016</p> <p><u>December-February</u> – pre-planning – identify stakeholders and any stakeholder meetings already arranged that can be used for engagement. First communication undertaken to inform stakeholders of process.</p> <p><u>April</u> – finalising planning – all engagement events to be arranged. Professional Advisory Group formed.</p>

May-July – engagement takes place.

June outputs:

- A short list of options that could be progressed currently by the public health community will be developed by the Professional Advisory Group for review by stakeholders, by 3 June 2016.
- A questionnaire for stakeholders to consider longer term options will be developed by ScotPHN and agreed with the Professional Advisory Group for review by stakeholders by 3 June 2016.

July – analysis of responses undertaken and business case options developed.

July outputs:

- An analysis of the PHR responses to ascertain what stakeholders had previously said about ‘function’ will be undertaken by 29 July 2016.
- Stakeholder views on short term options and any associated mapping of current function/service identified by stakeholders and responses to questionnaires on longer term options will be undertaken by 29 July 2016.

August – engagement events (north and central) on options undertaken.

August outputs:

- Collated responses will be analysed by ScotPHN and full set of draft options will be developed by 12 August 2016.
- The Professional Advisory Group will agree these by 19 August 2016. These will be discussed by stakeholders ?&31 August 2016.

August-September – report discussed with key stakeholders and final ‘Initial Agreement’ submitted.

September outputs:

- Final business case options for IA will be developed by 14 September 2016 for discussion with the Professional Advisory Group.

The tight timescale is required to ensure that the momentum of the PHR is maintained and so that an opportunity to influence the Chief Executives on the future of public health working in Scotland is not lost.

However, it is acknowledged that there may be some slippage to

	<p>overall timescale to accommodate other aspects of PHR implementation develop.</p>
<p>Project organisation, structure and reporting.</p>	<p>The project will be undertaken in line with ScotPHN project methodology based on Prince 2 and to meet any requirement from the Shared Services Programme Board.</p> <p>Lead and Sponsor: Prof Mahmood Adil, Medical Director (Public Health & Intelligence), NSS Project: ScotPHN – Phil Mackie, Lead Consultant / Ann Conacher, Project Manager / Gillian McCartney, Project Officer (These will form core project group.)</p> <p>Project Professional Advisory Group: Chaired by Mahmood Adil. The Advisory Group will provide professional expertise, advise and guide the project group in the development of options. Members will be selected to reflect the four domains of public health and the ‘local, regional and national’ aspect. The group will be small in size to ensure speed of response. It is anticipated that it will meet twice during the life of the project but members will be expected to contribute as necessary via email. All stakeholders will have the opportunity to input to the project through the engagement and review processes outlined above.</p> <p>Monthly update reports will be provided to the NSS SSP Portfolio Board. Exception reports will be raised where required.</p> <p>Project office will provide document library and undertake version control of outputs.</p> <p>Relevant documents will be available on the ScotPHN website; only documents that have been signed off by project lead will be uploaded and made available to wider stakeholders.</p>
<p>Structure</p>	<pre> graph TD A[NSS SSP Programme Board] <--> B[Health Portfolio] B <--> C[Project Lead / Team] C <--> D[Advisory Group] </pre> <p>Staff side is represented throughout NSS SSP governance structure at Health Portfolio, Shared Service Portfolio Board and Customer Reference Group.</p>
<p>Quality</p>	<p>The project will adhere to established project management</p>

Assurance	<p>methodology</p> <p>The Advisory Group will provide professional expertise and quality control of output.</p>
Project risk and mitigation	<p>Risks:</p> <ul style="list-style-type: none"> • There are many stakeholders with a vested interest in this work. It may be challenging to achieve full buy-in. • The aims of the project are not well understood by stakeholders. • The input and perceived relevance of stakeholders may be difficult to manage. There will be stakeholders who will not be engaged with who think they should have been. • It will be difficult to reconcile many conflicting views. • It is a relatively short timescale to complete project with resource available and conflicting commitments. • Ultimately, the project is in response to the request of the Chief Executives; ensuring this fits with the overall implementation of the PHR may be challenging. • CE will not have signed off SBAR until August 2016 by which time much engagement will already have been undertaken. <p>Mitigation:</p> <ul style="list-style-type: none"> • Good, regular, clear communication at all levels required from the outset. Both internal and external to the project. A robust communication and engagement strategy will be developed. • Clarity of process is an essential component of this project.
Project controls	<p>Given the short timescale of the project, there will only be two project stages – planning and project implementation. The project’s viability will only be reviewed if a significant event occurs which calls its continued requirement into question. If this were to arise the project lead would refer to the NSS programme board for a final decision.</p>
Wider Risk:	<ul style="list-style-type: none"> • The political landscape may change during the course of the project (election May 2016). • The incoming government may indicate structural change to NHS during life of project. • The PHR has only recently reported its findings; it may take some time for stakeholders to fully appreciate its content and implications of its recommendations. The two reviews need to be fully aligned. • The report and recommendations may not be widely accepted.
Communication	<p>A communication and engagement strategy has been developed.</p>
Outputs:	<ul style="list-style-type: none"> • Report to the NHS CEs Group through NSS Shared Services Portfolio Board, with appraised business case options to deliver effective and efficient PH services.

