

SSP-PHP

Emergent findings from the Engagement Questionnaires

FUNCTION RATHER FORM

Scottish Public Health Domains and Functions

Health Improvement Domain

- Function 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community
- Function 3: Inform and educate about public health issues and functions
- Function 4: Engage with the community to identify and address health problems
- Function 5: Develop public health policies and plans

Healthcare Quality and Effectiveness Domain

- Function 7: Promote strategies to improve access to health care services
- Function 8: Maintain a competent public health workforce
- Function 11: Ethically maintain administrative and management capacity

Health Protection Domain

- Function 2: Investigate health problems and environmental public health hazards to protect the community
- Function 6: Enforce public health laws
- Function 12: Maintain capacity to engage with statutory and other agencies that have Public Health system responsibilities

Health Intelligence Domain

- Function 9: Evaluate and continuously improve health department processes, programmes, and interventions
- Function 10: Contribute to and apply the evidence base of public health

Two Questionnaires

- Q1 - Possible options for the future planning and effective delivery of selected public health functions;
 - Q2 – Identifying change and development options for the Future Planning, Co-ordination and Delivering of Public Health Functions
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- Q1 NHS & wider PH versions
 - Q2 Same for everyone.
- National
Regional
Local



THEY WERE
CHALLENGING!

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CHALLENGING!
...BUT PRODUCED
RICH DETAIL

Responses

	Q1	n(%)	Comments	Q2	n(%)	Comments
NHS (N= 41)	28 (68%)		2	18 (44%)		2
Wider PH (N=20)	2 (10%)		2	6 (30%)		3

Q1 Themes – Specific Functions

- There are differing views on at what level function could happen:
 - **Local** – public health delivery of services, communication, interpretation etc.
 - **National** – planning, specialist expertise, monitoring, guidance, policy etc.
 - **Regional** – no clear view BUT could provide formalisation of multi-board working OR a single level
- Primary concerns related to a move away from local working included and loss of effective delivery & realising benefits of localism

Q2 Themes – Wider PH

- **Strategy** – clear wish to see a comprehensive strategy
- **Resources**
 - view that capacity is unbalanced between Local and National levels
 - value seen in central intelligence / knowledge hub
- **Workforce**
 - practitioner registration and development pathways
 - national professional accountability framework within common workforce governance
 - value seen in having professional ‘lead’ roles

Q2 Themes – Wider PH

- **Skills** – Local insufficient / inequality in pool of skills across locations. Nationally need PH presence at range of national groups
- **Structure**
 - four responses specifically put forward the potential for having a national public health organisation.
 - Local, regional, national – as for Q1
 - concern were identified over location if centrally / regionally based esp. rural / remote perspectives;

Workshops Today