

Draft terms of reference: Version (3) 22.01.16

North of Scotland Public Health Network (NoSPHN)

Securing and Strengthening the Delivery of Public Health Functions in the North of Scotland (NoS)

Name of group: NoSPHN working group - Strengthening Public Health in the North of Scotland

Purpose: initial feedback from the Public Health review has emphasised the importance of public health and the likely need for further work around eg the shared services review, workforce planning, leadership and partnership working and ensuring appropriate investment in the public health functions. This, along with changes in senior staffing in the island health Boards has prompted a need to reflect on the sustainability and resilience of current / planned service provision and to optimise opportunities for further active regional planning in the delivery of public health functions and collaborative working arrangements.

The work of the group will be undertaken in two phases: Phase 1 (to the end of January 2016) will deliver a professional advice paper responding to the request of the NHS Orkney Chief Executive for advice on models for delivery in NHS Orkney and to ensure any service changes are sustainable, resilient and robust. Phase 2 (to the end of March 2016) will deliver a developed professional advice paper describing how the NoS Public Health Network aims to develop in partnership and voice to ensure we have impact locally, regionally and nationally in the context of future developments.

Role of the group:

Phase 1:

- To define adequate/inadequate/robust provision for the public health function (as a whole) in the context of: the Public Health review; Public Health strategy; the NoS Boards (mandatory, core and wider functions); local leadership for Public Health; championing for advocacy on behalf of the population, notably vulnerable groups; and team coherence - noting local models will be tailored to the populations we serve.
- To assess the resilience of the public health functions across the NoS Boards
- To describe and assess current relationships / previous models
- To describe future models for public health in the NoS island Boards in the context of the local, NoS and the national public health community to include understanding of:
 - developing models within Boards eg IJB/CPPs and nationally eg the Public Health review / Shared services review
 - recognise senior, operational and support aspects
 - graded steps in any model (stepped models of support)
 - short and long term solutions
 - risks

Phase 2 – to describe opportunities for further active collaboration for the future building on current cross-board arrangements ie further active regional planning of the delivery of public health functions and collaborative working arrangements across all Boards in the north of Scotland eg reciprocity.

Membership: NoSPHN led

- NoS Directors of Public Health (DsPH)
- External facilitator(s) – for OD input/facilitation to unlock our own potential (critical friends with an understanding of NoS / remote and rural / island issues)
- NoSPHN as professional secretariat.

For wider reference / advice:

- ScotPHN / Chair of Scottish DsPH Group (re accessing support for facilitation / links to longer term thinking / national perspectives)
- External advisory input as required
- Potential opportunities for peer review with eg the SDPH group.

Stakeholders:

To take account of local expectations, views and politics to ensure that any proposals are acceptable and outputs meet needs / expectations

- Phase 1: NoS DsPH; Cathie Cowan as initiator of work and NoS BCE's
- Phase 2: Stakeholders to be reviewed as work develops but wider group expected (NHS Boards; SG; PH review team; NoSPG; national DsPH group, Local Authority Partners).

Accountability:

- Phase 1: Individual group members responsible for reporting back on activities of the group to NoS Chief Execs / Boards and national groups
- Phase 2: tbc

Ways of working:

- All meetings to be arranged through vc etc.

Timelines:

- Phase 1: reporting by end of January 2016
- Phase 2: to end of March 2016 (defining the need for any longer term work)

Report outline:

Phase 1: The group will produce a professional advisory report with the aim of securing and strengthening the Public Health functions in the NoS to include:

- Background (1 page - 500 words) – including key principles, vision and values and set work in context of wider agendas (PH strategy, pop of 1.3M)
- Essential requirements for public health delivery (2 pages - 1000 words)
- Assessment of current risks / resilience issues (2 pages)
- Potential options and models of cross boundary support including assessment of risks (2 pages - 1000 words)
- Conclusion (1 page - 500 words) including setting the context for Phase 2
- Relevant Appendices egs
 - Terms of Reference
 - Summary of current staff in each Health Board
 - Details of possible models

Phase 2: A developed paper set against the context of Phase 1 describing how the NoS public health network aims to develop in partnership and voice to ensure we have impact locally, regionally and nationally in the context of future developments (headings to be agreed).

Underpinning principles to the work: (these are being refined as the work develops)

- To work together to improve health and reduce health inequalities and to deliver the best possible health care services for people in the North of Scotland particularly in the context of our remote and rural populations

- Maintaining service resilience and sustainability - in particular to maintain effective local capacity and critical mass including operational, tactical and strategic resource and leadership at a local level across the public health domains (health improvement, health service improvement, health protection and health intelligence and the research and quality improvement agendas) - working across Board and agency boundaries (not focus on structures)
- Increasing and strengthening capacity to meet the challenging future agenda
- Recruitment and retention – growing our own staff and finding different ways to attract, recruit and retain staff - (including a consideration of the impact of proposed developments on recruitment and retention and on local expertise)
- Working in partnership and collaboration - maximising beneficial networked approaches (local, regional and national)
- Maximising our assets (including the use of technology) and resources
- The issues above most usually require locally defined and delivered solutions ie subsidiarity and proportionality are key
- This work will focus on action that will contribute to efficiency, safety and innovation and align to 3 horizons thinking
- Noting centralisation is not good for remote areas; solutions are more likely to be 'hand knitted to fit' if developed by those who live and work locally
- Optimising the resources available to us (recognising need for appropriateness and adequacy of resources)
- Focusing both on remote and rural and wider issues
- Ensuring that the North of Scotland Boards meet their statutory duties
- Ensuring that the North of Scotland Boards provide strategic leadership for health (in line with expectations of partner organisations and their role as public health organisations) providing high profile leadership for public health; with organisational developments reflecting public health values and methods
- Ensure Boards in all their thinking, policies and actions, place the highest priority on improving health and reducing health inequalities. In relation to health care services the focus is therefore on understanding the contribution made by health care services to the health of the population
- The priority is to ensure a critical mass of public health expertise is available to drive the public health agenda across the range of public sector and other organisations which improve health.