

The Scottish Public Health Network (ScotPHN) and the New Public Health Agency in Scotland

Reflections by the ScotPHN Executive and Advisory Groups for the Commissions established by the Scottish Public Health Reform Programme

Background

The Scottish Public Health Network (ScotPHN) has provided a collaborative space in which the Scottish Public Health system can collaborate on projects which would otherwise not happen. In addition it has:

- co-ordinated and supported the use of specialist public health skills and competencies for the wider benefit of the system;
- helped to sustain public health leadership; and
- provided a means of scoping and developing collaborative public action, nationally and locally.

At the most recent meeting of the ScotPHN Advisory Group, the value of its collaborative approach across the wider public health landscape was highlighted and it was considered that there should be a place for ScotPHN in the new national arrangement. However, there was also a recognition that there were areas where Public Health Scotland could learn from the experience of ScotPHN.

In this short paper we consider how what has been learned from ScotPHN's experiences, both positive and challenging, can inform the development of the new Public Health agency and the wider landscape. In particular the paper notes how ScotPHN's ways of working have provided practical and attitudinal changes that have made a difference; as well as identifying the types of barriers which ScotPHN has overcome and which would need to be addressed by Public Health Scotland.

Supporting Leadership & Networks

ScotPHN supports:

- national leadership groups: the Scottish Directors of Public Health; Scottish Health Promotion Managers; and the Scottish Consultants in Dental Public Health and Chief Administrative Dental Officers;
- public health professional groups: Scottish Public Health Nutritionists; and the Scottish Pharmaceutical Public Health Network); and
- several public health interest groups, many of which have grown out of specific work projects.

In addition ScotPHN currently runs three sub-networks. These ensure that there is a collaborative focus for specialist public health skills and capacity development and foster the effective use of limited resources across Scotland. These sub-networks are:

- Scottish Health Impact and Inequalities Assessment Network (SHIAN);
- Health Economics Network for Scotland (HENS); and
- Scottish (Managed) Sustainable health Network (SMaSH).

ScotPHN has shown that it is possible to create effective collaborations that can lead and support public health action across Scotland. However, the sheer time and effort needed to maintain such leadership groups and collaborative approaches should not be underestimated.

The current approach to collaboration on a voluntary basis – where a shared recognition of an unmet need recognized at national level is sufficient to command resource to meet the need – does not work as effectively as it could.

Overall, it is likely that a degree of central co-ordination and management of such activities will be needed by the new agency. The experiences of ScotPHN suggest that this capacity will need to be:

- *flexible* – not all local leadership and collaboration will follow the same pattern;
- *responsive* – collaboration can only be partially planned and has to meet support requests in real-time;
- *iterative* – public health activities are not simply focussed on an event or an action, but on an evolving programme of work;
- *relational* – leadership and collaborative work are based on the qualities of significant relationships; and
- *obligate* – provided by organisations / agencies that have a clear commitment to supporting collaboration and have dedicated resources to doing that.

Collaborative Projects

The absence of national capacity / resources to undertake national work where there was no obvious “home” has meant that ScotPHN has undertaken a range of specific projects on a “once for Scotland” basis. These projects have covered all the domains of public health, though health improvement and healthcare public health projects have predominated.

What ScotPHN has found is that it is possible to follow such a collaborative approach, provided that the work of public health colleagues across the public and third sectors is facilitated and that projects draw on their skills and expertise to deliver their goals. Successful delivery of such collaborations require that they are inclusive and seek to value all the contributions which are made in delivering the project. As the ScotPHN External Audit showed, such a collaborative approach is considered helpful and more recently has

been seen as a welcome model of best practice by the voluntary sector. ScotPHN shows that well supported and sustained collaboration makes effective use of limited resources focussed on an issue, and can reduce unnecessary duplication of effort. It also provides an essential focal point for experts or those interested in a given area to coalesce around, creating energy around an issue.

The new public health system for Scotland will need to be capable of such collaborative approaches to sustain and improve public health delivery at scale and with pace to tackle the underlying causes of poor health.

ScotPHN has been asked to support collaborations across a wide range of public health activities including: providing service evaluation, supporting and undertaking applied research and audit; supporting service (re-)design; ensuring the service contributions to tackling inequalities; undertaking prioritisation and option appraisal; ensuring the preventative shift occurs and brings benefits; and supporting work to ensure system sustainability (socially, financially and environmentally). In all cases, what has characterised these collaborations has been either the need to bring together the types of skills and resources that did not exist within individual partners, or where collaboration would avoid unnecessary duplication.

Maintaining such an approach in the future will require a high degree of collaboration in providing the necessary public health skills, resources and advice across the whole system to be effective.

It has taken ScotPHN careful and considered development to reach such a position; so it should not be expected that this will be achieved overnight. At the same time, there is a clear expectation from key public health stakeholders, especially in the third sector, that sustaining the momentum, learning, understanding, and inclusive culture that has been built up by ScotPHN. This is seen as having enabled meaningful engagement and collaborative with the voluntary sector in relation to strategic, national pieces of work.

Given the challenges of collaboration identified above, it is likely that the new agency will still need the capacity and capability to manage and sustain collaborative approaches. This will also need to be supported by a culture that is inclusive and that values and permits contributions from a range of individuals and organisations, as well as supporting flexible ways of working across the public health system as a whole.

Public Health Innovation

ScotPHN has always provided a means by which innovation in public health practice can be achieved. Whether in helping to “break ground” on new areas of work or helping the public health function to reconnect with wider health needs, the role of ScotPHN has been

clear. ScotPHN has afforded the existing public health system in Scotland with a means to undertake the necessary development work on a collaborative basis.

This innovative work has been focussed on helping develop new approaches to the delivery of public health functions across systems and services. Whilst, perhaps, less visible than projects such as those producing guidance (e.g. on fuel poverty, ACES, or the impact of welfare reform), or health care need assessments (e.g. health and housing, health and homelessness) that were used extensively in developing inputs to the 2015 Public Health Review in Scotland.

The main learning from these activities has been the importance of moving beyond assessing need to scoping the potential for public health intervention. Once scoped, ScotPHN has effected a handover to others to take such work forward; or, where the public health or health and social care systems have not yet the capacity to do that, to manage the work until it is possible for it to be acted on.

A specific example of this type of innovation comes from the work of the Scottish Managed Sustainable Health Network (SMaSH). This network, which is under direct ScotPHN management, is developing the specific scope for environmental sustainability and human health for Scotland in the light of the Paris Agreement on climate change and the UN Sustainable Development Goals. SMaSH provides national leadership for environmental sustainability, climate change mitigation and adaptation, and the impacts this may have on current and future human health across NHS systems. SMaSH is also now being seen as a mechanism by which national agencies with an increasing interest in health co-benefits can explore and develop action. As well as the NHS, agencies involved in these ventures include: Scottish Environmental Protection Agency; Scottish National Heritage; Scottish Resilience Centre; Sustainable Scotland Network; and Transport Scotland.

SMaSH already has a range of public health activity across Scotland both nationally and locally. Locally, SMaSH is working to help make local action available using a “once for Scotland” approach that can deliver health co-benefits and reduce the potential for new health inequalities associated with unsustainable resource use and the consequences of climate change. Nationally, public health involvement is much more broadly defined across all public health domains, with active work by HS, HPS and HFS all operating under the SMaSH banner.

Moving forward, SMaSH will require continued support. In part this is a consequence of the extremely small public health capacity for sustainability in Scotland. However, it is also a consequence of the need to more directly manage the development of what is a new area of public health practice.

The new national agency will need the type of capacity and capability which ScotPHN already provides to make such innovation possible in practice.

Key Learning Points

It is clear that in the decade or so since ScotPHN was launched, it has provided a way in which public health and wider professionals have been able to actively collaborate in a flexible and “nimble” manner. ScotPHN’s approach to working – its practice and culture – has allowed those who are collaborating to step out of their usual work patterns of working and governance to find the time, space (and occasionally the resource) to undertake work which would not otherwise have happened.

Whilst not without its limitations, this way of working has added value to the essential, everyday work of public health services across Scotland that has sought to secure and improve the health of the Scottish people.

The key messages for Public Health Scotland are related to how best it can translate what ScotPHN has shown is possible, and the functions it has provided, into the new public health landscape for Scotland. In considering this four specific questions have been explored by the ScotPHN Executive Group and Advisory Board.

1. ScotPHN (or its functions) within Public Health Scotland

It was the view of the ScotPHN Advisory Board that Public Health Scotland will need to provide:

- a continuing secretariat function for the leadership, professional, and public health groups that exist now, and which will be created in the future;
- a capacity and the capability to develop and manage collaborative projects with internal and external stakeholders; and
- mechanisms by which innovation in public health practice and delivery can be maintained and extended.

Whether this needs to be supplied by ScotPHN is – perhaps – less of an issue if the new agency takes on-board the first two of these functions.

However, in relation to the third function ScotPHN has provided a clear and simple means of ensuring that innovation in practice and delivery can be achieved in a rapid manner. Developments in relation to areas such as ACES, health, housing and homelessness, offender health, and most recently gender reassignment highlight this. How far this would be possible without the type of collaborative approach is less clear. Clearly, creating a culture which values and sustains such collaboration across the whole public health system would be needed.

2. Developing new ways of working

Given that the new public health landscape will be much broader than at present, there is a case to be made that the new organisation is likely to need greater capacity for co-ordination of national / local working across the new landscape. ScotPHN has developed effective mechanisms by which it has been possible to ensure best value from a limited skills and resource base and in avoiding unnecessary duplication. Such a role will continue to be needed by Public Health Scotland.

In this regard, the successful work of the networks by which ScotPHN has brought together professionals with specific skills – such as in the Health Economics Network for Scotland or the Scottish Health Impact and Inequality Assessment Network will still be required. New networks – such as that being explored for Violence Prevention in Scotland – will also need to be developed. A national capacity and capability to sustain this will be needed. It is also important that such a function will be able to translate such knowledge and skills into local ways of working.

Again, developing new ways of working is something which ScotPHN, or a ScotPHN-like function could achieve. However, such an approach is not without its problems. Not least of these is finding ways of making such ways of working sustainable without a clearly identified resource locally to deliver change. As noted above, this has been a recurrent problem for ScotPHN.

3. Working across public health domains

Depending on how an individual or an organisation first becomes aware of, or collaborates with ScotPHN has an impact on how the scope of its work is perceived. For some, ScotPHN has become mainly associated with the improving health and care services domain of public health (e.g. its work on rheumatoid arthritis, dementia, or the transgender services health care need assessments). However, ScotPHN's work is broader than this. It has undertaken work across all the domains of public health including health improvement (guidance on ACES, health promotion in prisons, fuel poverty, or impact of welfare reform), health protection (climate change preparedness and environmental sustainability or unconventional shale gas extraction), and health intelligence (supporting the work of the Scottish Learning Disability Observatory or developing data sources for violence prevention).

Whilst this means that ScotPHN could be refocussed within single domains, depending on the internal configuration of the new agency, it can also provide a cross-domain function. What is – perhaps – more important is the potential that ScotPHN could bring to working across public health domains. Again, there is clear evidence of this in the work which was undertaken in areas such as the national HIV/AIDs need assessment which covered the health protection, health and care services, and health improvement domains. Such cross-domain working may also be a real opportunity for the new organisation that would require a mechanism to support collaboration.

4. Developing public health delivery across sectors

Perhaps one of the most important areas for Public Health Scotland to embrace is not ScotPHN as such, but its model of collaboration – the inclusive and permissive culture - that it has developed. One possibility for achieving this would be for ScotPHN to help create the potential of the new agency to develop a more generalised approach to collaborative working across the wider public health landscape. Such a role could help create the new operating culture of the new organisation without committing to needing ScotPHN in the longer term.

In particular the ScotPHN model, which is considered to be permissive and inclusive in its approach to co-creation, has particular value as a model for engagement with the third sector. This is something that Public Health Scotland should be seeking to embed and extend further as a means of delivering transformational change.

This could take a number of forms, but one example might be a focus on helping to create a culture of public health transformation, where *research* knowledge is translated into *actionable* knowledge, that can be piloted, evaluated and then, if appropriate, scaled up for intervention across Scotland. Such an approach, building on a collaborative model of public health delivery, would have many attractions in making public health delivery more responsive and sustainable.

Conclusion

The purpose of this paper is to share with the Public Health Reform Programme, the key learning and messages from the experiences of the Scottish Public Health Network over the last ten years.

The ScotPHN Executive and Advisory Groups are clear that these will help inform the creation of Public Health Scotland and can help shape the future public health landscape in Scotland.

The paper has also raised a number of discussion points relating to the future of ScotPHN itself. It is not a “given” that it should be simply transferred into the new public health agency without a clear justification; however, such a move, with a clear remit to continue its work in developing collaboration and innovation for public health delivery, may help Public health Scotland create its own new ways of working.

Phil Mackie
Ann Conacher
June 2018