Glasgow City IJB — Integration Joint Board

Item No: 13

Meeting Date:　　**Wednesday 18th September 2019**

Glasgow City
Integration Joint Board

Report By:	Gary Dover, Assistant Chief Officer Primary Care and Health Inequalities
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PUBLIC HEALTH REFORM (SCOTLAND)

Purpose of Report:	To inform the Integration Joint Board of the national public health reform agenda, the emerging actions and implications.

Background/Engagement:	A significant national engagement process has taken place in respect of the Public Health Reform programme, engaging over 350 people in public engagement events and hundreds in stakeholder engagement sessions across Scotland. This has culminated in the recent consultation on the proposed operating model for Public Health Scotland (PHS). GCHSCP has responded to two consultations and a summary of our feedback is included in this report.

At this stage it is not clear what the implications of creating the new PHS body are on local public health systems and staff. |

Recommendations:	The Integration Joint Board is asked to:

a) note the progress report and approve the approach at sections 3.5 and 3.6 regarding consideration of involvement in further consultation and engagement opportunities; and
b) approve the progression of a development session for the IJB on public health reform and health improvement. |

Relevance to Integration Joint Board Strategic Plan:

Improving health is a core objective of the Joint Board Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Relates directly to Outcome 1 and influences all outcomes.

Personnel:	Not currently known, potentially affects 138 members of staff (City and hosted for GGC) directly and all service areas for which health improvement is supporting, leading and delivering action and services.

Carers:	Indirectly

Provider Organisations:	N/A

Equalities:	To be determined nationally, Health Improvement Strategy has a published EQIA and routine equalities monitoring.

Fairer Scotland Compliance:	Mitigating poverty is a key strand of the health improvement strategy.

Financial:	Unknown

Legal:	Unknown

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	At this stage risk implications are unknown and will be reconsidered when more is known on the potential implications for the workforce following completion of the public health workforce commission.

Implications for Glasgow City Council:	National Specialist workforce decisions could affect the Integration Authority Scheme of Establishment and local specialist workforce.

Implications for NHS Greater Glasgow & Clyde:	National Specialist workforce decisions could affect the Integration Authority Scheme of Establishment and local specialist workforce.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Background

1.1 The national Health and Social Care Delivery Plan (2016) committed the Scottish Government to a range of public health actions; to

- Enable the whole system to work effectively together in supporting local public health activity
- Develop and establish shared public health priorities for Scotland
- Establish a new national public health body – Public Health Scotland (PHS).

1.2 Public health reform has been developed as a partnership between the Scottish Government and the Convention of Scottish Local Authorities (COSLA) following the national review.

1.3 Shared public health priorities were established last year through a substantial regional engagement process, and analytical assessments of the factors with the greatest potential to improve health over the next 10 years. The six key priorities were ratified by the Scottish Government and COSLA in June 2018.

> A Scotland where
>
> - we live in vibrant, healthy and safe places and communities
> - we flourish in our early years
> - we have good mental wellbeing
> - we reduce the use of and harm from alcohol, tobacco and other drugs
> - we have a sustainable, inclusive economy with equality of outcomes for all
> - we eat well, have a healthy weight and are physically active.

1.4 These priorities, also reflected in the GGC NHS Public Health Strategy, were used to inform the refreshed HSCP Strategic Plan (2019-22) approved by Members earlier this year.

1.5   On a national level a Public Health Review Oversight Board and a Programme Board were established to progress both the new public health body and national priorities.

2.   Developing the governance and business arena for public health in Scotland

2.1   A series of eight commissions were established to engage with stakeholders to inform the design of the new body. These covered;

- Ensuring appropriate, effective and high-quality health and social care services
- Improving Health
- Leadership for Public Health Research, Innovation and applied evidence
- Leadership for Public Health Workforce Development
- Organisational Development
- Protecting Health
- Underpinning Data and Intelligence
- Specialist Public Health Workforce.

2.2   The majority of commissions have concluded, and the findings have been used to inform the functionality and governance proposals (known as the Target Operating Model (TOM)) for Public Health Scotland. The specialist public health workforce commission is described in brief below as this is has the potential to directly affect staff within GHSCP.

3.   Specialist Public Health Workforce Commission

3.1   The 'Specialist Public Health Workforce' Commission reported in April 2019 following a five month process. It was established to;

- Identify possible options for organisation of the specialist public health workforce
- Review existing models operating elsewhere
- Assess options against criteria
- Consider the specific role of the Director of Public Health.

3.2   The Commission considered the Specialist Public Health Workforce as the central circle of the wider public health effort. This included

- Staff in public health departments in NHS Boards
- Environmental health staff in local authorities
- Staff in health promotion/ improvement departments (including those within HSCP's)
- Staff in the new public health body - Public Health Scotland
- Staff working in surveillance and health intelligence.

Core and Specialist Public Health Workforce

Specialist Public Health Workforce

Core Public Health Workforce

Wider Workforce that contributes to health & wellbeing

3.3 An initial consultation was undertaken as part of the commission to consider the proposed options (described in full elsewhere https://publichealthreform.scot). These were;

- Option 1: Move staff in public health departments (including HSCP's) to local authorities
- Option 2: Move staff to health and social care partnerships (HSCPs)
- Option 3: Enhanced status quo: staff remain in NHS Boards and new relationship with Public Health Scotland
- Option 4: All staff from Public Health Departments move to Public Health Scotland and deployed from there
- Option 5: Regional public health hubs
- Option 6: Hybrid model with national, regional and local elements.

3.4 A response was submitted by GCHSCP in March 2019. The response urged caution in considering a centralised management option for Scotland in light of the existing local variation. We highlighted that Glasgow was of an appropriate scale (population and need) to require a coherent public health response. Our return recommended retaining a local infrastructure for the specialist public health workforce within or closely aligned to the Integration Authority. It also highlighted that Glasgow's Integration Authority offered an appropriate vehicle to work across public health partners (NHS, Local Authority and Community Planning), and especially as children's services, a key priority area for public health, were part of the integration authority here. It was recognised that this would also prevent the need to change staff terms and conditions. The response also welcomed the opportunity to build stronger working relationships with the emerging PHS and a number of suggestions were provided that could support this.

3.5 As further opportunities arise for involvement in consultation and decision making activity on any aspect of public health reform that impacts on Glasgow City and the HSCP workforce, it is proposed that Glasgow City Health and Social Care Partnership give active consideration as to the level and nature of its expected/desired involvement. Where it is considered appropriate the IJB will be approached to offer guidance and/or approval on how to proceed.

3.6 It is vital that, as the lead partner in the work to progress and plan for Public Health Scotland, Glasgow City Council take a lead role in ensuring the involvement of the IJB in any activity as referred to at 3.5 to facilitate a collaborative and communicative approach between partners, particularly in relation to the possible impact on the public health workforce.

4. Public Health Scotland Progress

4.1 Public Health Scotland will now become established in April 2020. Staff from Health Scotland, ISD and Health Protection Scotland will migrate into the new organisation, employing around 1000 staff. The recruitment of the new Chief Officer to lead the organisation is currently underway.

4.2 In May 2019 the Scottish Government commenced a consultation on the TOM for Public Health Scotland. It set out what the new national body will look like, its governance structures and functionality, and how it will interact with other organisations. The document recognised that some of the proposed arrangements would require legislative change and be subject to parliamentary scrutiny. The consultation ended on the 8th July and GCHSCP submitted a return.

4.3 The GCHSCP return reflected support for whole system leadership for public health and welcomed the broad remit and engagement proposed in the governance of the new organisation. In assisting the development of the TOM the following key reflections were offered:

- Some queries over the community and local components of such a national body and the need to ensure this minimises rather than increases incoherence at a local level
- That NHS and academia interests should have a clearer place on the governance structure of the organisation alongside the other players listed
- The organisation should be subject to the same human rights and equalities requirements as other public sector bodies
- That there should be an additional function for PHS around supporting the wider specialist public health workforce as a national professional body
- National public health functions could also be managed and supported by a regional or more local service (e.g. GCHSCP hosts some unique public health roles in Scotland (Licensing and Community Justice) and could offer expertise and support alongside PHS)
- That caution should be applied to adding PHS to the community planning component of the Community Empowerment Act, especially as Glasgow CPP already has representation from Glasgow Centre for Population Health, GCHSCP Health Improvement and the GGC NHS Director of Public Health
- That the proposed TOM made no statement on the wider specialist public health workforce, and that the modelling of the national organisation would need to flex if the wider workforce were to be incorporated later.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) note the progress report and approve the approach at sections 3.5 and 3.6 regarding consideration of involvement in further consultation and engagement opportunities; and
b) approve the progression of a development session for the IJB on public health reform and health improvement.