Public Health Scotland Target Operating Model 2.0

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1 INTRODUCTION

Key Messages

To meet the challenges of Scotland's relative poor health, persistent inequalities in health, and the pressure on health and social care services, Scotland needs to transform its approach to, and support for, its public health endeavours. This includes agreeing shared public health priorities, working better together across all the organisations that can influence the public's health and wellbeing, and establishing a new national public health body.

The new body, Public Health Scotland, will be a united, respected and independent voice for the public's health, leading collaboratively and effectively across the public health system, accountable at local and national levels, and providing revitalised leadership and focus. This document provides details of this organisation.

Health and wellbeing of people in Scotland faces three major challenges

- Scotland's relative poor health
- The significant and persistent inequalities in health outcomes in Scotland
- Unsustainable pressures on health and social care services

To help meet these challenges and in response to the 2015 Public Health[1] Review, the 2016 Health and Social Care Delivery Plan set out the actions including establishing the Public Health Reform programme to

- Agree **public health priorities** for Scotland that are our most important public health concerns and that we can do something about
- Support different ways of working to develop a **whole system approach**[2] to improve health and reduce health inequalities
- **Establish a new national public health body for Scotland**, to be called Public Health Scotland, bringing together expertise from NHS Health Scotland, Health Protection Scotland and Information Services Division

The vision of public health reform is **a Scotland where everybody thrives**. The ambition is for Scotland to be a **world leader** in improving the public's health.

Public health reform aims to create a **culture for health** in Scotland that recognises the social and economic issues that affect health and creates environments that drive, enable and sustain healthy behaviours in our communities, supporting individuals to take

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[1] We use the WHO description of Public Health: 'Public Health is defined as "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson, 1988; WHO). Activities to strengthen public health capacities and service aim to provide conditions under which people can maintain to be healthy, improve their health and wellbeing, or prevent the deterioration of their health. Public health focuses on the entire spectrum of health and wellbeing, not only the eradication of particular diseases. Many activities are targeted at populations such as health campaigns. Public health services also include the provision of personal services to individual persons, such as vaccinations, behavioural counselling, or health advice.' (World Health Organization, 2019)

[2] Whole system working can be defined as applying systems thinking and processes that enables "an ongoing, flexible approach by a broad-range of stakeholders to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for the people of Scotland." (NICE)

ownership of their own health and wellbeing wherever possible. The innovative use, application and sharing of knowledge, data and intelligence will be a key tool in achieving this.

To this end, partners across the wider system and the public health system have agreed priorities for Scotland's public health. The six priorities for health and wellbeing in Scotland are

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

Public Health Scotland will be instrumental in supporting, enabling and driving change in collaboration with partners to achieve this vision and these priorities, and supporting Scotland to have a public health system fit for the challenges of the twenty-first century.

The success of public health reform will be judged against the impact made addressing the three major challenges facing the Scottish public's health.

1.1 Why Scotland needs a new national public health body

Our public health approach to date has not delivered the significant and major improvement gains needed to bring Scotland's health in line with other Western European countries, to address Scotland's health inequalities or to prevent the unsustainable demand on our health and care services.

Informed by the United Nations Sustainable Development Goals and Scotland's National Performance Framework, and following the agreement on shared Public Health Priorities for Scotland, we now have identified shared outcomes that we wish to achieve the public's health. A new single body will support, enable and drive change to achieve these. To do this, Public Health Scotland will provide:

A united, respected and independent voice for the public's health. In Scotland today, national leadership for the public's health is spread across a range of different national bodies[3]. Whereas England, Wales and Northern Ireland, like many countries, each have a single national body for public health. Consolidating Scotland's national public health bodies into one organisation will not only bolster the resources of each but also improve coordination and give a stronger voice than any one of the parts has right now.

Leadership for collaboration across the public health system. Public Health Scotland, while the national body for the public's health, from the start understands that it is not the only body for the public's health in Scotland. Leading the public health system to work collaboratively with shared goals will create a greater impact than the existing bodies do now.

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[3] Scotland's national public health functions are largely found in NHS Health Scotland, the national agency responsible for health improvement, and NHS National Services Scotland (NSS). NSS's Public Health & Intelligence strategic business unit comprises Information Services Division and Health Protection Scotland.

Joint accountability locally and nationally. The connection between national and local work to improve the public's health has not always worked as effectively as it could. From its conception Public Health Scotland has been based on a partnership between local government (through COSLA) and Scottish Ministers. This gives Public Health Scotland a unique position in the public sector landscape in Scotland to enable and support local and national bodies to work together on the public's health.

Revitalised leadership and focus. Creating Public Health Scotland will revitalise leadership for the public's health in Scotland and give it

- A relentless focus on improving Scotland's health, reducing health inequalities and focusing the health and care system more on prevention to reduce the unsustainable pressures on health and care systems
- An opportunity to forge new and improved partnerships to create a culture for health
- A renewed focus on coordinating research, innovation and workforce development across the public health system

1.2 The Ambition for Public Health Scotland

To rise to these challenges Scotland needs a new national public health agency that will

- Provide **strong public health leadership**. Public Health Scotland will be Scotland's lead national agency for public health. It needs to build on the role of the existing organisations and underpin the rest of the public health system with **high quality, effective and supportive** health improvement, health protection and health care public health functions and vital system-wide leadership roles in research, innovation and the public health workforce.
- Lead in a **collaborative way** that can effect change and cooperation in the face of a complex and changing public health system.
- Take a **whole system approach**. Being the lead organisation does not mean by being the one organisation that solves the problems we face. Instead it means by supporting and enabling others in the public health system to take action together, across organisational boundaries and within communities.
- Take an **external focus**, being an **inclusive and collaborative** national organisation that spends time listening to what help others need from it.
- Build **strong and lasting partnerships**, founded in mutual support and focused on what needs to be achieved collectively.
- Have a **clear focus on supporting local systems** and plays a key role in enabling and supporting delivery at a local and regional level. National government plays an important role in Scotland's health. However, the frontline of public health is in local services.
- Be **intelligence, data and evidence led**. Public Health Scotland's authority and integrity are rooted in the evidence, intelligence and data it uses to drive change.
- Be **innovative**. To drive the change we need, we need to find new ways of doing things.
- Be **visibly a new and different organisation**—not because change is an end in itself but because without changing how things are now, we will not be able to meet the health challenges Scotland faces.

To achieve this ambition, this Target Operating Model (TOM) will help Public Health Scotland to

- **Be a visibly different organisation** from day one but continuing that change for its first three years (and beyond) to establish its credibility and deliver effectively against the ambitions of public health reform

- **Take a whole system focus** by considering Public Health Scotland's role in the wider public health system
- **Show impact** by focusing Public Health Scotland on system outcomes[4] to achieve the desired population health outcomes , because only by working together can we achieve our ambitions
- **Have an external focus** by talking about the contribution Public Health Scotland will make to achieving the outcomes in the Public Health Priorities and the National Performance Framework, working with the public health system,
- Provide **strong public health leadership** by having both managerial and specialist leaders throughout the organisation, and head of profession roles who will be responsible for professional development and quality assurance of the broad range of professions who will make up Public Health Scotland
- **Have high quality, effective and supportive health improvement, health protection and health care public health functions** based on the work of commissions led in partnership, looking at each of these functions
- **Create strong and lasting partnerships, be inclusive and collaborative** by being held accountable for improving how Public Health Scotland Public Health Scotland will collaborate with and support the wider system, nationally, regionally and locally, and by creating a directorate with responsibility for building on, strengthening and developing further the partnerships developed through public health reform to date.
- **Have a clear focus on local support for health and care services** by creating a directorate who will collaborate with local planners with analysis and specific support to take into account population health when planning services
- **Be innovative** by (1) using data to generate insights and disrupting the current approaches, (2) making embedding system-wide innovation a part of core practice, (3) making leadership for innovation a specific role to be included in Public Health Scotland's Executive Management Team, as well as a requirement across all directorates, and (4) proposing that after it is created, Public Health Scotland adopts a multi-disciplinary team structure because public health is a multi-disciplinary effort
- **Be grounded in high quality data** by creating a directorate to help Public Health Scotland manage data efficiently and lawfully, making linkages across datasets and helping local areas to develop and enhance their data and data capabilities

1.3 The Road to Public Health Scotland

Building on the 2015 Public Health Review and 2016 Health and Social Care Delivery Plan, in 2017 the Public Health Oversight Board was formed to provide advice and support to the reform programme. It is made up of representatives from national and local government, NHSScotland, health and social care, community planning, the third sector and national public health organisations.

To help create Public Health Scotland, the reform programme invited 'think pieces' on different aspects of Scotland's public health from people across the public health system.

In 2017 COSLA and Scottish Government leaders formed the Public Health Reform Programme Board. It is responsible for ensuring the reform programme and its related projects achieve the required outcomes.

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[4] By system outcomes, we mean defining outcomes for the organisation that are based on how well it and the whole public health system are working together.

Developing from the think pieces, in 2018 the Public Health Reform Programme Board asked partnerships from the existing national public health organisations and other members of the public health system to lead a series of commissions and projects. These were to engage with staff and stakeholders in the existing organisations and across the wide public health system to describe how Public Health Scotland could be designed to meet the ambitions of public health reform.

In June of the same year, the Scottish Government and COSLA published Scotland's Public Health Priorities. The priorities were the result of extensive work with a range of partners and stakeholders from across the whole system. Whereas in the past national organisations would have generally identified their own outcomes, these represent shared priorities across the whole of the public health system.

Throughout 2018, the commissions recruited stakeholders representing organisations from across the public health system onto commission governance groups, engaged hundreds through stakeholder engagement events, and captured the opinions of another hundred through a survey. They also heard from 350 staff across six staff engagement events and a further 450 through a staff survey.

In February 2019 the public health reform team shared TOM 1.0, the first draft for engagement of the target operating model for Public Health Scotland. Throughout February and March more than 200 staff and 130 stakeholders took part in engagement events across Scotland. We received more than 70 written responses to TOM 1.0.

In March 2019 we issued TOM 1.1, a redraft based on the emerging feedback from the engagement. Because of the timing and amount of feedback we received, TOM 1.1 did not reflect it all. Instead it let us test our emerging thinking with commissions and the programme board.

TOM 2.0 is based on the work of the commissions, projects and think pieces, shaped by the input on TOM 1.0 from hundreds of stakeholders and staff, the review of these by the Programme Board, and further informed by the broad ranging input guiding the direction of public health reform from the Public Health Oversight Board.

The work undertaken to date will also strongly inform the further development of Public Health Scotland in its continuing journey beyond Day 1.

1.4 Public Health Scotland's Target Operating Model

The TOM aggregates the work of the public health reform commissions and projects to describe how the new national public health body will work to support and enable, and drive change in the wider system, and provide leadership to deliver the ambitions of public health reform.

As an operating model to provide the basis for establishing Public Health Scotland, it takes into account the significant work undertaken to date that will inform the organisation's strategy. It does not seek however to define the strategy in detail as that is a matter for the organisation once established. However it does propose a timeline for Public Health Scotland's organisational strategy in section 5 Public Health Scotland: moving beyond day one, along with the material that will support this.

The TOM is in two parts.

- **Part A** focuses on Public Health Scotland's purpose and role The **Public Health System and Public Health Scotland's contribution to it**

Part B describes how Public Health Scotland will be designed to deliver that purpose and role.

Part B includes

- **How Public Health Scotland will work** to enable and support the public health system including its values, culture and operations
- **Public Health Scotland on day one** which describes how the organisation will be set up on day one
- **Moving beyond day one** sets out a timeline for moving beyond day one and highlights what Public Health Scotland should consider as it does this
- **Locations**: where Public Health Scotland's people will be located
- **Information**: the systems and technologies needed to support Public Health Scotland's processes
- **Suppliers**: the services and other inputs Public Health Scotland will need which are provided by other organisations
- **Leading and Managing Public Health Scotland**: how Public Health Scotland will be governed, led, held accountable, make decisions and improve its performance
- **Finances**: Public Health Scotland's spending, levels and sources of funding

- **Some of the practical arrangements are still under development at this stage. Therefore the focus in Part B of TOM 2.0 is predominately around the first three bullet points.**

PART A: Public Health Scotland's Purpose and Role

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2 THE PUBLIC HEALTH SYSTEM AND PUBLIC HEALTH SCOTLAND'S CONTRIBUTION TO IT

Key Points

To create a culture for health in Scotland, Public Health Scotland will need to take a whole system approach - providing leadership, and supporting and collaborating with others who impact directly on the public's health and wellbeing.

This section describes at a high level the contribution Public Health Scotland will make to the public health system locally, Scotland-wide, across the UK and internationally.

It describes Public Health Scotland's day one contribution and how that will change beyond day one. In summary, Public Health Scotland will become increasingly focused on how it positively impacts on local delivery, and on delivering progress on a preventative and upstream focus.

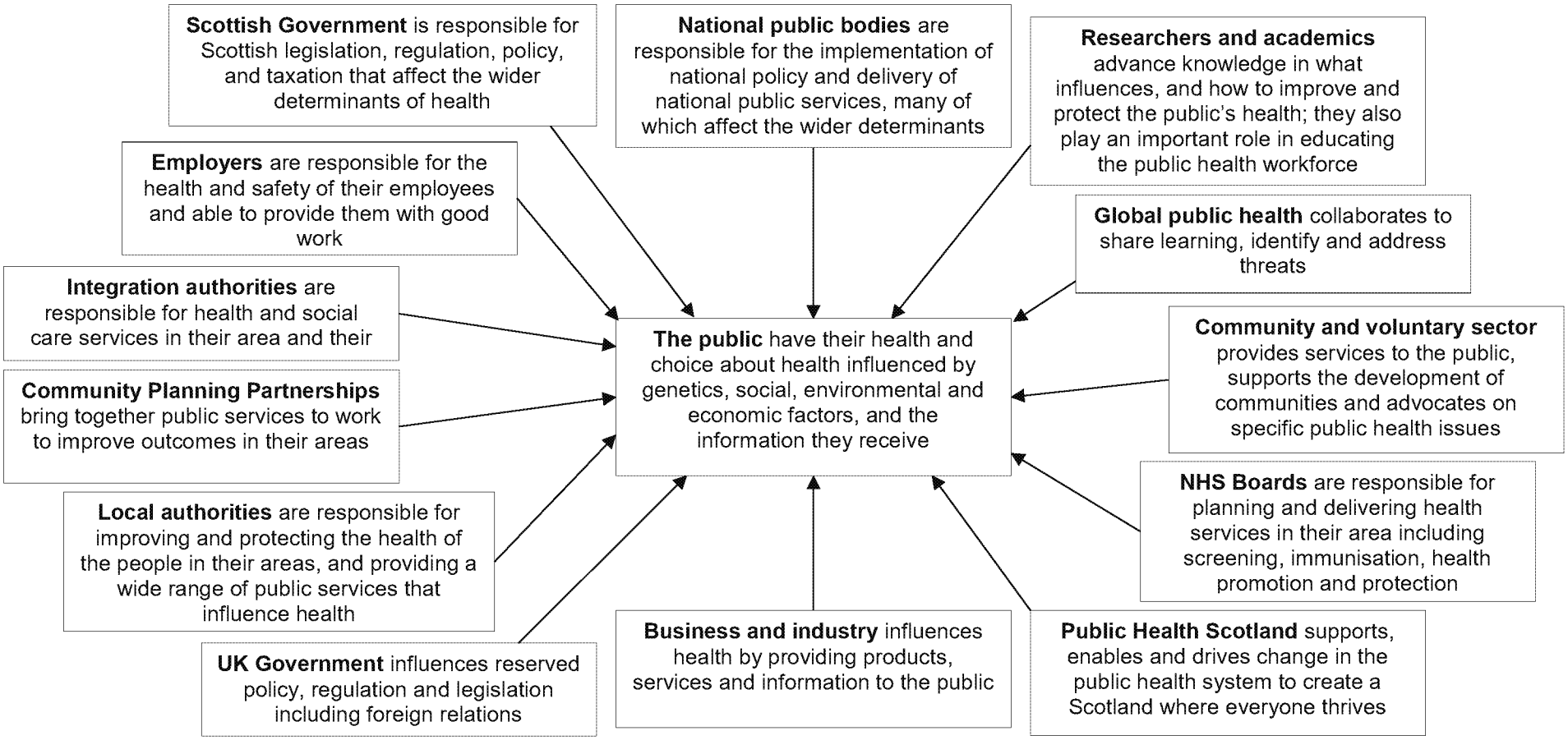
Rising to the challenges facing the public's health – Scotland's relative poor health, inequalities in health outcomes and the unsustainable pressures on services – needs a concerted collaborative effort from everyone who can influence health. Creating a genuine 'culture for health' will ultimately be down to the passion and determination of the whole public health community across sectors, in all its diversity, working together across organisational boundaries and with our communities

And while one organisation alone cannot deliver the aims of reform, Public Health Scotland is an instrumental part of the public health system; its lead national organisation.

Public Health Scotland's role in that system is to effectively support, enable and lead the whole public health system to drive change in Scotland's health. Its primary focus is on enabling the whole system to deliver better public health and wellbeing outcomes and that it is able to work with partners to coalesce around the new public health priorities. It will do this in line with its values (see section 3.1) by respecting the contribution of all partners, working collaboratively, fostering innovation and pursuing excellence – but equally working with integrity and speaking hard truths when needed.

This section describes the key organisations and people in the public health system in Scotland, Public Health Scotland role within it and how it will support and enable the rest of the system. It is based on the work of public health reform to date and informed by the commissions' work and a wide range of contributions from partners across the system. It is not intended to be fully comprehensive, and aspects will be incomplete, but it provides the basis for Public Health Scotland establishing its place within the public health system and considering how to develop that further.

Figure 1: Scotland's public health system and Public Health Scotland's role within it



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2.1 The Public

The public are who the public health system serves. It is their health we are seeking to protect and improve; and Public Health Scotland will be accountable to them through COSLA and Scottish Ministers to their elected representatives in local councils and the Scottish Parliament.

Public Health Scotland will help the public

- live and work in environments in which everyone can thrive, by working with partners to influence the social, economic and environmental determinants of health in Scotland
- improve their participation and involvement by working across the whole public health system to create a culture for health in Scotland that is founded on the ability of people to participate fully in decisions that affect their health and wellbeing
- make informed decisions about their health and take appropriate action to improve and protect their own health
- understand how wider forces affect health and how together we can improve health
- improve their health through Public Health Scotland working across the whole system to create a genuine culture for health in Scotland
- remain healthy by preventing the spread of infectious diseases, improving air quality and other threats to their health like antimicrobial resistance
- increase their awareness of the right to health, enable them to protect their health, make healthy choices and support health by producing tailored products and services and advocating for action that leads to behaviour change at national, local and individual level
- by producing trustworthy, quality and valuable official statistics in line with the UK Statistics Authority's Code of Practice

2.2 Local Public Health Systems

2.2.1 The importance and contribution of local systems to the public's health

Services and organisations based in and around the communities in which people live and work play a vital role in improving the public's health. Local systems in Scotland vary widely across the country. Despite its relatively small size, Scotland includes both large conurbations and some of Europe's most remote rural areas. A focus on delivering locally is vital if we are going to get it right for every community.

The organisations that make up these local public health systems are diverse too but influence many of the factors that determine the public's health.

Community and voluntary sector organisations carry out a range of activities to improve people's lives, often with the public sector, including

- health, social care and employability services
- housing
- advocacy and campaigning
- social and community development activities
- conservation, heritage and regeneration

They are also a sometimes overlooked source of insight into the lived experience of communities.

Local authorities are responsible for the delivery of a wide range of services including education, social work, planning, economic development, housing, regulatory and protective services and leisure services – to name a few.

In terms of the public's health, they are responsible for

- licensing, including around food, alcohol, gambling and landlords
- infrastructure like planning, building development, roads and transport
- economic development
- providing sports, leisure and culture facilities
- housing and financial inclusion services and citizens advice
- ensuring food safety through inspections and monitoring imported food
- environmental protection including issues with noise and waste
- monitoring air quality and private water supplies
- workplace safety inspections
- enforcing specific legislation on smoking, tattooing, sun beds, the standard of housing
- effective response to disease outbreaks and health protection incidents
- enforcing pest control, dog behaviour and animal health requirements

NHS Boards provide healthcare services to people across Scotland with 14 of Scotland's territorial boards organised locally. Territorial NHS boards are responsible for protecting and improving the population's health in their board area and for the delivery of healthcare services. (You can find how Public Health Scotland will work with NHSScotland special boards in section 2.3.2 National Bodies, below).

Community Planning Partnerships help public bodies work together, and with local communities, to design and deliver better services that make a real difference to people's lives.

A Community Planning Partnership (or CPP) is the name given to all those services that come together to take part in community planning. There are 32 CPPs across Scotland, one for each council area. Each CPP focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality.

CPPs are responsible for producing two types of plan to describe their local priorities and planned improvements:

- Local Outcomes Improvement Plans, which cover the whole council area
- Locality Plans, which cover smaller areas within the CPP area, usually focusing on areas that will benefit most from improvement. Each CPP will produce at least one Locality Plan and some CPPs will produce many – there is no fixed number

Integration Authorities are formal partnerships under the Public Bodies (Joint Working) (Scotland) Act 2014 between councils and NHS boards to ensure health and social care services are well integrated and that people receive the care they need at the right time, and in the right place.

There are 30 Integration Joint Boards (IJBs). Highland uses a lead agency model.

Primary care is a major determinant of population health and wellbeing. Health and care systems with strong primary care demonstrate better population health outcomes, more equitable outcomes and better cost efficiency than systems with relatively weak primary

care. It cuts across all the domains of public health, all the public health priorities and is the first point of contact for most of the population with health and care services.

2.2.2 Public Health Scotland's contribution to local systems

The existing national public health bodies provide a valuable contribution to local public health through specialist expertise, provision of health intelligence and support for national action. This contribution is highly valued. However, we also know from feedback that local stakeholders expect Public Health Scotland to operate differently from its predecessor bodies. In particular, local stakeholders want Public Health Scotland to be unfailing in an approach that is strongly outward focused, collaborative and listening. This is an area that if Public Health Scotland is to realise the ambitions of public health reform it will need to build on, develop and expand.

On day one of Public Health Scotland, the organisation will help local public health systems

- deliver improvements to the public's health by being present in and contributing to local partnerships and fostering collaboration between partners
- link effectively with national public health efforts by supporting local areas to implement national policy
- fulfil their health protection responsibilities and work as a cohesive national health protection service through the Scottish Health Protection Network
- take part in coordinated approaches to national health improvement or protection issues, like antimicrobial resistance and healthcare associated infections, by providing specialist advice and expertise and data analysis to understand their performance

On day one Public Health Scotland will also be a planning partner and positioned to start improving its offer to and collaboration with local systems **beyond day one** to

- make decisions that are well informed about their impact on the public's health by bringing an expert, independent public health voice working in collaboration with respect and integrity as a statutory planning partner
- work more effectively with other national bodies by identifying common interests across local systems and advocating for them on public health matters with other national bodies

Specifically, Public Health Scotland will help local systems by providing population needs assessments, data analytics, evidence of what works, help putting those into practice, and evaluation and learning as part of its developed offer around population integrated care to

- design services that meet the health needs of their populations
- shift the balance of resources towards prevention
- understand the health needs of vulnerable population groups and understand trends in population health

In addition to the support provided to local public health systems, Public Health Scotland will work with NHS Boards to

- deliver their specific responsibilities health protection responsibilities
- deliver their requirements to be a health promoting health service
- realise the ambitions of Realistic Medicine

Public Health Scotland will continue the existing support for and work with primary care.

Beyond day one, Public Health Scotland will develop its collaboration with local systems in three main ways.

1. The relationships will deepen and mature. On day one, Public Health Scotland's contribution to service planning, community planning and primary care will probably be modest. Beyond day one the contribution and collaboration will be developed to strengthen national leadership at the same time as co-ordination of effort across the areas.
2. The service offer to partnerships will develop and expand, particularly around population integrated care where there is currently no national locus. However each local partnership is unique and Public Health Scotland will collaborate with local structures to decide the future of its whole offer to each partnership.
3. More, better and better linked data available by drawing on data from across the system, with a particular focus on data that reflects the social, environmental and economic determinants of health.

As Public Health Scotland develops it will need to consider how to prioritise its activities and focus to achieve this.

How Public Health Scotland supports local systems will be influenced by the outcome of the Specialist Public Health Commission. The Specialist Public Health Workforce Commission is undertaking work to develop options on how the core public health workforce can be organised and deployed more effectively to strengthen the public health function and meet the needs of national, regional and local partners. The relationship between Public Health Scotland and the core public health workforce will be shaped and influenced by the outcome of the discussions.

Public Health Scotland will also work with primary care to develop collaboration between public health and primary care. This will help realise the enormous potential for improving local population health, including mental health, through GP clusters, better data on population health needs and better intelligence and facilitation through analysts.

2.3 National Public Health System

Many of the determinants of the public's health are best influenced at a Scotland-wide level. Threats to the public's health can transcend local boundaries and need multi-agency responses.

Public Health Scotland will be an important presence championing and providing national leadership for public health in Scotland. To successfully lead and support the national system to work together on the public's health, it will work with

- The Scottish Government
- National public and third sector organisations
- Scotland's public health workforce
- Scotland's public health research community

2.3.1 Scottish Government

The Scottish Government is the devolved government for Scotland. It is responsible for the economy, education, health, justice, rural affairs, housing, environment, equal opportunities, consumer advocacy and advice, transport and taxation in Scotland. It has the power to set a Scottish rate of income tax. Further powers will be devolved to the Scottish Government in the coming years.

The Scottish Government's breadth of policy responsibility makes it a central actor in all aspects of Scotland's public health system.

The Scottish Government can help improve and protect the public's health by

- Shaping all national policy that impacts on the social, economic or environmental determinants of health (including traditionally non-health policy) so that it improves the public's health (often referred to as the Health In All Policies approach)
- Influencing other bodies in the national public health system who are accountable to it
- Shaping UK Government policy in reserved policy areas which affect the public's health in Scotland

From day one, Public Health Scotland will help the Scottish Government

- Develop policy to improve and protect the public's health by providing it with independent expert advice, data, analysis, evidence of what works and evaluation supporting policy and its impact
- Implement health improvement and protection policy by coordinating collaboration across national and local public health systems
- Guide the development of health and social care services and assess their effectiveness and proportionality to need in terms of their impact on the public's health by providing data, analysis, evaluation and independent expert advice
- Hold the public health system accountable for progress on the Public Health Priorities by providing data, analysis and independent expert advice
- Work with others to prepare and respond to Scotland-wide public health incidents in line with the requirements of the Civil Contingencies Act 2004 and the Public Health etc. (Scotland) Act 2008

Beyond day one, Public Health Scotland will work with Scottish Government to increasingly focus on strengthening the preventive agenda and delivering increased health and wellbeing for people in Scotland.

2.3.2 National Bodies

The national system is made up of a range of different bodies, private, public and third sector.

Other **national public bodies** play an important role in the public's health. There are more than 120 national public bodies in Scotland. Bodies include (but are not limited to)

- Community Justice Scotland
- Education Scotland
- Food Standards Scotland
- Health and Safety Executive
- Improvement Service
- Healthcare Improvement Scotland
- NHS 24
- NHS Education for Scotland
- NHS National Services Scotland
- Scottish Ambulance Service
- Police Scotland
- Scottish Environment Protection Agency
- Scottish Fire and Rescue Service
- Scottish Natural Heritage
- Scottish Prison Service
- Skills Development Scotland

In addition to these Scottish national public bodies, there are a range of UK-wide public bodies who influence the Scottish public health system. These include the Health & Safety Executive and the Department for Work and Pensions.

Both Scottish and UK-wide, their functions affect a range of the determinants of the public's health. Together, their potential to positively influence the public's health is enormous.

From day one, Public Health Scotland will create strategic partnerships with national public bodies to help them

- coordinate national policy implementation actions related to public health for local systems so that they join up more effectively
- use local intelligence so that national public health can work better with the local
- coordinate responses to health protection incidents
- connect improvement efforts with actions to improve and protect population health
- understand ways they can improve and protect health

Like Public Health Scotland's support for local systems, how Public Health Scotland will work with other national public bodies will have to develop from day one.

After day one Public Health Scotland will look to deepen the quality of its collaboration and relationships with its national public sector counterparts. Specifically, Public Health Scotland will

- formalise its partnership with Healthcare Improvement Scotland so the two bodies work effectively together to improve health and care services
- formalise its partnership with NHS Education for Scotland so the two bodies work effectively together to equip Scotland's public health leaders and workforce
- explore reciprocal placements of staff in particular with 'blue light' services – the police, fire and rescue and ambulance services – to develop the role the ways we can work together
- explore with Community Justice Scotland how Public Health Scotland can support community justice partnerships

National community and voluntary sector organisations also play an important role in the national public health system. Because of the importance of developing the relationship between Public Health Scotland and the community and voluntary sector in general, more details are outlined in section 2.4.3 below.

Other national bodies that influence the public's health with whom Public Health Scotland will partner are those who represent the interests of their members. They range from the Federation of Small Business to bodies who represent employees and professions like the Scottish Trades Union Congress, the Institution of Occupational Safety and Health, the Faculty of Public Health, the British Medical Association and the Royal College of Nursing. How Public Health Scotland will work with these groups as representatives of employers and employees is described in section 2.4.4 below.

2.4 Other parts of the public health system

The final part of this section looks at the other parts of the public health system which are neither or both local and national

- public health workforce
- public health researchers
- community and voluntary sector
- business and employers
- international public health community and organisations

2.4.1 Public Health Workforce

Around a million people in Scotland are employed in roles which as part of the wider workforce impact on health and wellbeing. Most of these are in local authorities, the NHS, community and voluntary organisations, prisons, police, fire and rescue services and education institutions. That figure doubles by factoring in volunteers.

There are a core of around 6,500 people who are employed in a role that identifies public health as a primary part of their role. This includes people who work in public health teams in the NHS, in national bodies and in universities, in specialist and practitioner roles such as public health consultant, academic, health improvement manager and environmental health officer.

Our ambition is for a resilient, competent and agile workforce that is able to tackle inequalities and enact system change to meet current and future public health challenges and improve and protect the health and wellbeing of the population of Scotland.

The importance of harnessing the power of the wider workforce has been central to public health reform. The core workforce will be supported to embrace this opportunity in addition to continuing to apply their considerable existing skills and knowledge in specialist roles.

The Public Health Review emphasised the importance of leadership across the public health system to deliver our ambitions for reform and to improve the health and wellbeing of the population. Public Health Scotland will seek to provide this leadership to deliver the outcomes set out in the public health priorities.

The Specialist Public Health Workforce Commission is undertaking work to develop options on how the core public health workforce can be organised and deployed more effectively to strengthen the public health function and meet the needs of national, regional and local partners. The relationship between Public Health Scotland and the core public health workforce will be shaped and influenced by the outcome of the discussions.

From day one, Public Health Scotland will help the public health workforce (in its widest sense) to

- understand public health, be motivated and empowered to work with the whole system to improve and protect health and wellbeing in Scotland
- be competent and confident in doing this by offering specialist workforce development, ongoing engagement, support and advice
- build relationships and share expertise by creating joint posts, rotations through different organisations and secondments between different national and local public health organisations

Beyond day one, Public Health Scotland will help the workforce by

- ensuring leadership behaviours support and encourage partners to collaborate, and build strong relationships internally and across the wider system
- influencing the strategies of key partner organisations to strengthen public health within their own approaches to workforce development, including education and training at all stages of life and careers in many sectors

2.4.2 Public Health Researchers and Academia

Researchers and academia are vital elements of the public health system. Public health research happens in academic institutions, NHS boards, local authorities, public health

observatories and independent organisations. Both in Scotland and internationally, they improve our understanding of what influences public health and how we can influence public health. Research institutions also educate the future public health workforce.

They specifically help Public Health Scotland by generating new knowledge about the determinants of health and what words to protect and improve health.

Public Health Scotland will contribute to the research and academic community by conducting and sharing research.

Public Health Scotland will help researchers and academia

- contribute to the development of relevant policy and practice by supporting understanding in which policy and practice areas where knowledge can be improved
- be active in commissioning, undertaking, and in participating in research activities
- access data and intelligence held by Public Health Scotland by providing a Data Research and Innovation Service

Public Health Scotland will help public bodies with an interest in public health research

- influence the strategic priorities for, and funding of, population health research by advocating nationally for co-ordination of public health research
- enhance research capacity and competence across the public health system by developing programmes that support share specialist research skills and capacity within Public Health Scotland across the public health system in Scotland the development of research and evaluation skills for the wider public health workforce
- identify and access evidence for application by providing a Knowledge Service across all the domains of public health

On day one, the existing research functions from NHS Health Scotland and Public Health and Intelligence will transfer into Public Health Scotland. They will start delivering the essential elements of our help to researchers.

Beyond day one, the existing services will need to develop and expand, in partnership with our research partners. This will involve establishing a coherent and inclusive research office and knowledge service to support Public Health Scotland work with researchers and academia and vice versa.

2.4.3 Community and Voluntary Sector

The community and voluntary sector works across both national and local public health systems. Community and voluntary organisations carry out a wide range of activities to improve people's lives, often with the public sector, like

- health, social care and employability services
- housing
- advocacy and campaigning
- social and community development activities
- conservation, heritage and regeneration

In Scotland more than 1,400,000 people volunteer across 40,000 voluntary organisations of which 19,965 are regulated and employ more than 106,700 staff. Third sector organisations have an annual income of £5.8billion.

How Public Health Scotland works with the community and voluntary sector is vital to achieving public health reform's ambition of Scotland becoming a leader in improving the public's health.

The voluntary and community sector are very well positioned to help Public Health Scotland

- by providing expertise in community engagement, and insight and expertise on solving public health challenges
- with experience and expertise in supporting and empowering individuals to co-design and co-produce services, to self-manage ill-health, disability and long term conditions, and to protect their own health and prevent ill-health arising or re-occurring
- by provide rich evidence that illuminates "what works" in achieving better public health outcomes from third sector evaluation and research, practitioner evidence and the evidence of people with lived experience.
- develop and deliver actions/interventions that achieve outcomes that are people driven/led, not just high-level outcomes that are solely top-down and/or medically driven

On day one Public Health Scotland will help the voluntary and community sector

- help local communities and communities of interest access the training, support and tools they require to co-design local solutions
- gain access to the same high quality data as mainstream providers/partners.
- translate and use evidence that is appropriate to community/voluntary sector approaches
- address the need for fire-fighting: existing resource issues are inhibiting change across sectors, strong leadership and guidance is required to look at how we all use our resources in a different way
- develop and/or strengthen accessible structures that support local inequalities work and activity across partners

Together, Public Health Scotland and the community and voluntary sector will

- work together to build services around people and communities
- collaborate to improve awareness and understanding of the social model of health within mainstream agencies/partners
- combine our different health improving data and intelligence to create a more holistic understanding of public health needs and solutions
- promote the importance of using different types of evidence – open up the system to acknowledge the relevance of lived experience and self-reported improvements in health via participation in social interventions
- reframe how we talk about health in Scotland so that the focus is on good health and wellbeing
- shift resources and activity towards models of health that support prevention and self-empowerment.
- work with the sector as a catalyst for communities and individuals to take independent action on the issues that affect their health

Beyond day one the ways in which Public Health Scotland and the community and voluntary sector work together will change in their depth and extent. The level of collaboration between partners will deepen and mature, particularly as Public Health Scotland's local offer develops.

2.4.4 Business & Employers

Business and employers play an often overlooked role in the public's health. A strong, vibrant and diverse economy is essential to Scotland's prosperity and in creating the wealth to support high quality public services.

Employers, whether commercial businesses or public or third sector bodies, all have a role to play creating a culture for health. They can provide fair employment and healthy work, and support the development of inclusive labour markets. For example, a local authority or NHS Board, seen as an anchor institution, can through its procurement practices influence its supply chain supporting the creation of local job opportunities and by adopting good workplace practices can provide quality jobs tackling in work poverty.

From care homes to cruise liners, businesses provide services directly to the public and therefore have opportunities to improve the public's health – many have specific responsibilities to protect health. However in some cases the pursuit of profit has prompted businesses to do things which harm the public's health.

On day one, Public Health Scotland (in partnership with local authorities, occupational health specialists and the Health and Safety Executive) will help business and employers

- protect and improve the health of their employees and provide resources and approaches to encourage progressive workplace practices tackling inequality and contributing to sustainable inclusive economic growth
- protect and improve the health of their customers
- prepare and respond to health protection incidents and outbreaks by coordinating national and supporting local action, depending on the scale of the incident and the outbreak

Beyond day one, Public Health Scotland will continue to support Scotland's workforce and businesses. However changes in how we work are creating challenges for Scotland's workforce including

- demand for a workforce with transferable skills
- increased automation, which may increase inequalities
- the ability to work more flexibility creating unregulated and precarious contracts
- the trend towards later and more gradual retirement meaning there may be more older workers and more workers with chronic health problems

Public Health Scotland will review and change its support for employees and businesses to meet these challenges.

2.4.5 International Public Health Community and Organisations

Public Health Scotland will join an international community of national and international organisations working together to improve and protect the public's health.

Public Health Scotland will work with the international public health community, including the World Health Organisation and European Centre for Disease Prevention and Control, to

- reduce the risks to the health of people in Scotland and internationally by gathering and analysing surveillance information on communicable diseases and health risks associated with environmental hazards
- understand Scotland's approach to public health and contribute their expertise to that by continuing to liaise and work with relevant agencies (e.g. World Health

Organisation) and through formal collaborations (such as potentially hosting WHO collaborating centres).

Public Health Scotland will also join a community of national public health agencies within the UK (Public Health England, Public Health Wales and the Northern Ireland Public Health Agency). It will actively contribute to this community by sharing experience and learning, knowledge and information and working in partnership on UK-wide public health issues.

Beyond day one, Public Health Scotland will work with its international partners to understand, develop and deliver Public Health Scotland's role as a successful contributor and member of the international public health community.

Part B: Public Health Scotland's Design

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3 HOW PUBLIC HEALTH SCOTLAND WILL WORK

Key Points

The ambition of reform requires us to change not just what we do but how we do it. This section sets out Public Health Scotland's day one values: collaboration, integrity, respect, excellence and innovation; describes the predecessor organisations' cultures and the desired new culture for Public Health Scotland; and sets out some ways our operations will change.

The ambitions of public health reform requires the public health system not just to work towards shared goals but also to collaborate better together. If Public Health Scotland is going to lead the public health system to do that, how Public Health Scotland works itself and with others is important.

This section describes the values for how Public Health Scotland will work, its desired culture and what that practically means for how it will operate.

3.1 Values

Public Health Scotland's values set the expectations for how the organisation works with others and its staff. Values are what we believe in. Behaviours are our beliefs in action and define organisational culture.

Public Health Scotland's values have been shaped and agreed by the staff that will form Public Health Scotland. The agreed values are collaboration, integrity, respect, innovation and excellence.

Figure 2: Public Health Scotland's Values

3.1.1 Collaboration

Working together for the benefit of all. Public Health Scotland will develop long term relationships based on trust and participation, and actively listen to the needs of all our stakeholders and work collaboratively to produce effective responses – including those who are sometimes overlooked.

3.1.2 Integrity

Doing the right thing the right way. Public Health Scotland will deliver on what it promises. It will also speak out on uncomfortable truths.

3.1.3 Respect

Valuing every perspective. Public Health Scotland will respect the rights of all to contribute fully and to be treated with dignity. It will respect the position of its stakeholders, even when it disagrees.

3.1.4 Innovation

Creating shared solutions, changing lives. Public Health Scotland will seek out ideas from all sectors and aspects of life – not just those who have traditionally dominated public health. Public Health Scotland will support its staff to take risks and learn from mistakes.

3.1.5 Excellence

Being the best we can be. Public Health Scotland will exceed expectations and be leaders in our field, constantly seeking to evaluate and improve the work we do.

3.2 Culture

When asked what they want Public Health Scotland to feel like to work in and with, both staff and stakeholders said

- Inclusive
- Collaborative
- Innovative

The aspiration for Public Health Scotland's culture is to be more flexible and place increasing emphasis on responding to what others in the public health system need from us, while remaining independent and continuing to act with integrity.

Work undertaken with staff in Public Health Scotland's predecessor organisations' cultures highlights that the cultures have a lot in common, strengths and also weaknesses.

Staff across the organisations reported friendly and supportive cultures. They highlighted the supportive working environment, team work and flexible working conditions as things they want to take from their current organisations into Public Health Scotland.

However staff also reported the have a strong internal focus. They also have an emphasis on stability and control with lesser opportunity for flexibility and responsiveness. Changing these cultures is a long term task and beyond day one will be addressed in Public Health Scotland's organisational change plan (see section 5.2 Timeline for Moving Beyond Day One below).

3.3 Operations

Public Health Reform's ambition is for Public Health Scotland to use, share and communicate data, knowledge and intelligence in innovative ways. As well as innovative, staff and stakeholders say they want Public Health Scotland to feel inclusive and collaborative to work with and in.

To help achieve this, Public Health Scotland will plan to work in new and different ways, including in the following key areas

- Cross organisationally, Public Health Scotland will work to
    - drive innovation with Public Health Scotland's directors all having a remit to drive innovation in their areas of work
    - contribute to the National Performance Framework, Public Health Priorities, and to reducing health inequalities
    - identify research priorities and workforce development needs in their area
    - engage with stakeholders and the public.
- Because no one profession can achieve the ambitions of public health reform alone, Public Health Scotland will organise its people in multi-disciplinary teams mixing skills, knowledge and experience to help drive innovation and to work with others to support, enable and drive change.
- Competent and confident professionals will be the heart of Public Health Scotland's workforce. To maintain professional standards and support professional development, there will be a series of heads of professions. These heads of profession will have a remit to
    - ensure skills maintained at different job levels
    - ensure clear career pathways
    - ensure training and development of professional groups
    - ensure skills are being used and spread appropriately
    - identify skills gaps and performance issues
    - put processes in place to ensure technical quality of outputs
- To link up the data currently across NHS Health Scotland, ISD and HPS, and create a place to drive and assure the quality of and connections of data across the whole public health system, Public Health Scotland will have a single directorate responsible for managing Data. The majority of data collected, accessed and used by Public Health Scotland has the potential to be cross-cutting and will be used by all the Directorates. Pooling all of the data management into one directorate will ensure there is commonality of approach and use of best practice, and will avoid duplication of effort.

3.4 Values, Cultures and Operations on day one and beyond

On day one – and indeed from before day one – Public Health Scotland will start working to realise its new way of working. Many aspects of Public Health Scotland's values and culture are already present. For example, it is already driven by evidence and strong professional expertise.

However every organisation needs to work at achieving the values it aspires to hold. Therefore, **beyond day one** Public Health Scotland will start a process of aligning and strengthening its emphasis on these values and cultures so it becomes **more** of each of them. These will involve practical changes to processes and performance measures.

In terms of its operations however there is more practical change required reach Public Health Scotland's ambitions. **On day one** Public Health Scotland will have consolidated all its data management. It will not have fully implemented multidisciplinary teams across the organisation consistently.

Beyond day one Public Health Scotland will have to make more structural and process changes in order to realise these. Section 5: Public Health Scotland: moving beyond day one, describes the process and timeline by which Public Health Scotland will make these changes and implement them.

4 PUBLIC HEALTH SCOTLAND ON DAY ONE

Key Points

Day one of Public Health Scotland is an important milestone in the journey of reform. Public Health Scotland will be a new body with a new way of working and leadership team.

This section describes the remits of the five directors on day one but makes it clear that we can expect further structural and organisational change after Public Health Scotland is created, and this will be strongly informed by all the work undertaken with stakeholders and staff to date..

On day one Public Health Scotland will be a new body with a new way of working. It will have

- a board, a Chair, a Chief Executive, and an executive team. Some of these may be interim arrangements pending substantive appointments. From day one all will be focused on the delivery of the ambitions for Public Heath Scotland
- strong relationships and backing from stakeholders
- its own values that define how it wishes to work with others
- a new and distinctive brand
- insight from the commissions and whole systems working group stakeholder engagements
- agreed priorities which it will share with the whole public health system
- a structure which, while building on the structure of NHS Health Scotland and Public Health and Intelligence, will be different and will rationalise aspects of the current structures

Public Health Scotland's day one will be a key point in our journey of transformation that started in 2018 when we began designing Public Health Scotland.

Beyond day one. Our ambition for reform will not be satisfied on Public Health Scotland's day one.

Day one will be an important milestone on the journey – but not the destination. Section 5, Public Health Scotland: moving beyond day one, describes a timeline of change for rapidly moving beyond day one.

4.1 Day One Directorates

On day one, Public Health Scotland will continue to deliver core services in improving health, protecting health, publishing health information and will start moving more confidently into the area of health and social care public health.

It will also have a single unified organisational unit for Data and Digital. Public Health Scotland will also have responsibility for its own strategy and managing the corporate services it uses.

Public Health Scotland will continue to provide essential public health functions, however it will not be a continuation of the status quo. To signal its changing role, it will require new functions, in particular around partnership and engagement, and leadership for research and innovation, and for the broad public health workforce, as well as more emphasis in

population healthcare in order to start delivering change. Collectively, these reflect the ambition for Public Health Scotland to

- Provide strong public health leadership
- Deliver high quality, effective and supportive health improvement, health protection and healthcare public health functions
- Be intelligence, data and evidence led
- Have strong leadership roles in relation to public health research, innovation, applied evidence and the public health workforce

On day one Public Health Scotland will have directors for

- Improving Health
- Protecting Health (in a combined portfolio with the Executive Clinical and Scientific responsibilities – see below)
- Population Integrated Care
- Data and Digital, including innovation in data science
- Cross Public Health Scotland Executive Clinical and Scientific responsibilities, in a combined portfolio with leadership for the Protecting Health Directorate on day one – see above
- Cross Public Health Scotland, Partnerships, Strategy & Corporate Services

High level descriptions are given in the table below, with a particular emphasis on providing descriptions and notes on the new aspects compared with current services,

Table 1 Public Health Scotland's Day One Structure

Directorate	Description	Notes
Improving Health	This directorate will be responsible for advocating for, supporting and enabling local systems and national policy makers to take every opportunity to develop and implement policy that improve health by influencing the social, economic and environmental factors that most influence health and health inequalities This directorate will: • Use data and evidence to identify and share the causes of poor health and health inequalities • Measure, monitor and report population health and wellbeing and the causes of poor health and inequalities • Identify actions across the whole system (both policy/legislation and practice and national/local) that are most likely to be effective in improving health and reducing inequalities in a Scottish context • Facilitate the uptake and implementation of those actions, seeking continual improvement of a whole system approach to health and health improvement at an international, national, regional and particularly local level • Monitor and evaluate actions to measure impact, recommend change in direction and prioritise actions • Identify effective/ineffective practice and promote shared learning and capacity building for preventive and inclusive whole system approaches to health • Identify gaps in understanding and commission relevant research and knowledge gathering	The Directorate will have a public health lead specialist providing leadership and expertise

Directorate	Description	Notes
Executive Clinical Director, with cross Public Health Scotland professional and scientific responsibilities, and specific management responsibility for the Protecting Health Directorate	Public Health Scotland will have an Executive Clinical Director with two distinct roles. The Director will have lead responsibly to: • provide public health specialist expertise and leadership to the Executive Management Team • have cross organisational professional responsibility for specialist public health professionals • lead system-wide research and innovation through Public Health Scotland's research office and knowledge services functions • lead Public Health Scotland's externally-facing learning and workforce development for public health professionals (internal learning and workforce development will sit in the Strategy, Partnerships & Corporate Services directorate) The Director will also lead and manage the Protecting Health Directorate. It will be responsible for health protection functions: • surveillance and monitoring of hazards and exposures • coordinating national health protection programmes • advice and horizon scanning • preparation and response to outbreaks and incidents • enabling good professional practice and the development of a competent and confident health protection workforce • supporting commissioning of specialist/reference lab services • research and innovation specific to health protection to put evidence into action	This Director will have a relevant clinical/professional background[5] supported by a general manager for the Protecting Health Directorate functions.

[5] In this context by **relevant clinical/professional background** we mean someone with public health leadership expertise (including health protection experience given the leadership role for the Protecting Health Directorate) from a variety of specialist backgrounds. The individual should also have appropriate registration with a relevant professional body, e.g. the Faculty of Public Health, UK Public Health Register, Nursing and Midwifery Council.

Directorate	Description	Notes
Population Integrated Care	This directorate will be responsible for helping national and local health and social care organisations to plan their services based on the population's needs. This directorate will include: • leading population health outcomes planning and prioritisation • analyse data and provide intelligence for national, regional and local population integrated care initiatives • leading the establishment and development of a Scotland-wide population integrated care function • providing research and knowledge services to support population integrated care • providing capacity for engagement and development around population integrated care • supporting local specialists and practitioners to lead and deliver local population integrated care	The Directorate will have a public health lead specialist providing leadership and expertise.

Directorate	Description	Notes
Data and Digital	This directorate will: • provide strong internal and external leadership for Public Health Scotland to be a 'data first' organisation as a centre of excellence for timely, fit for purpose health and social care data. • establish multi-disciplinary working across Public Health Scotland and the wider system • work with the wider system to bring in whole system data (e.g. from local authorities, third sector partners and other public sector (e.g. education, prison, housing)). • develop an approach to data driven innovation that has an impact on public health practice and outcomes, establishing a data science capability to stimulate and undertake collaborative work with partners (e.g. Turing Institute, Data Lab) • facilitate access to data for researchers • be the key interface with suppliers of Public Health Scotland's strategic data platforms and technology to innovate around data science • ensure Public Health Scotland complies with its legal duties relating to information, statistical and research governance.	The Head of Profession for Statistics would be based within this directorate. The Directorate will have a public health lead specialist providing leadership and expertise.

Directorate	Description	Notes
Partnerships, Partnerships& Corporate Services	This directorate will lead on coordinating Public Health Scotland's work with external partners. It will include the communications and engagement, public affairs, marketing and publishing functions. This will be responsible for: • leading the development of, and ensuring the governance and accountability arrangements for partnership and customer relationships for Public Health Scotland • leading the strategy and planning for Public Health Scotland • delivering for Public Health Scotland's corporate services, and commissioning and managing the corporate services which Public Health Scotland outsources to other organisations (including IT infrastructure and support but not data platforms which will be managed by the Data directorate)	

5 PUBLIC HEALTH SCOTLAND: MOVING BEYOND DAY ONE

Key Points

Day one will be a new start with a new structure and ways of working for Public Health Scotland.

However it marks a milestone on a journey, not the destination. Achieving our ambition requires us to keep driving forward change beyond day one.

This section sets out some of those issues and an indicative timeline for Public Health Scotland's first 36 months.

Day one of Public Health Scotland will only be the next step in creating the national public health body Scotland needs to help it address the challenges facing the public's health. From day one Public Health Scotland will quickly need to build credibility with external partners and local areas to show how it is a new and different organisation, and engage and motivate its staff.

Public Health Scotland on day one is a significant milestone towards realising the ambitions of public health reform, but only a milestone. Public Health Scotland on day one will not have realised the ambitions of public health reform. As noted in section 2: The Public Health System and Public Health Scotland's contribution to it, Public Health Scotland will start immediately to shift the balance of its collective resources towards more preventative activity and a focus on supporting local systems, by increasing its capacity and effectiveness in building relationships with national and local partner organisations.

Early sections of the TOM outline a number of the changes which will be taken forward beyond day one.

The day one director remits also identifies new leadership roles which will drive forward areas of development for Public Health Scotland (see 4.1 Day One Directorates above).

In addition there is a wealth of other material in the think pieces, commissions and project work – which has also benefited from strong stakeholder and partner input - that will inform and shape the strategic direction and continuing evolution of Public Health Scotland. All this will be available to the Board and senior team within Public Health Scotland as the organisation plans the next stages beyond day one.

This section describes

- the issues that Public Health Scotland will need to address after day one
- a high level timeline for how Public Health Scotland will change in its first 36 months to become the national public health body Scotland needs

5.1 Issues to consider beyond day one

The reform process, including stakeholder and staff engagement and the work of the commissions, highlighted several issues which will not have been addressed by day one. Public Health Scotland should address these in its first 36 months. These include:

- **Partnership working**. There is a strong desire for Public Health Scotland to be more collaborative and creating strong partnerships, especially locally. The day one

structure of Public Health Scotland includes a key Director role focused on this but more will need to be done to develop this.

- **Structuring the organisation using outcomes**. There was a strong voice for organising Public Health Scotland using outcomes as an alternative to structuring around the domains of public health.
- **Outcomes for Public Health Scotland**. However there was no consensus on what those outcomes should be. Some advocated outcomes based on population health, so the organisation is entirely focused on achieving change in the public's health. Others, including stakeholders, expressed concern that a new set of population health outcomes for Public Health Scotland would run in parallel to or contradict existing and shared outcome structures (the national performance framework, public health priorities and local outcome improvement plans) detaching Public Health Scotland from the whole system collaborative effort. Instead they advocated for outcomes based on Public Health Scotland's contribution to supporting, enabling and driving change in the public health system's towards these shared outcomes. Both are valid – more work is needed to explore this and focus Public Health Scotland on what will most effectively deliver the improvements in health and wellbeing that are desired.
- **Multidisciplinary teams**. There was a broad consensus that Public Health Scotland should be structured based on multidisciplinary teams. However the details and extent of this need further consideration.
- **Skills**. Developing the skills of Public Health Scotland's workforce in several areas was identified as a key action by commissions.
- **Create the capacity for new work by moving away from some existing work**. The commissions described the ambition for the work of national public health to move towards activity that is more effective at preventing ill health. This shift cannot happen without space and time and without stopping some existing activity.
- **Innovation**. Supporting the system to become more innovative is a key part of reform. The innovation commission identified options for ways Public Health Scotland could help foster innovation in public health. Public Health Scotland should consider which of these options it wants to adopt beyond day one.
- **Public Health Scotland's funding model**. Public Health Scotland should work with its funders to agree a funding model that supports its work to have a long-term and preventative focus.
- **Development of data and surveillance IT systems**. Enabling the ambitions of reform to be data driven and innovative requires working with new suppliers to develop IT systems to enable these. Improved IT systems will also support better partnership working locally and nationally in surveillance.
- **Review the division of service provision between local, regional and national providers**. In line with the work of the specialist workforce commission, the protecting health commission recommended reviewing the division of service provision between local, regional and national providers to make sure they are optimised for impact.
- **Tactics around promoting prevention**. There was consensus around the aims of promoting prioritising health as a human right, adopting a health in all policies approach and prioritising prevention and building local capacity for prevention. These ambitions have not to date been explicitly worked into country-level strategy for health improvement and there is an opportunity to learn from other countries on the best tactics for achieving them.
- **Develop our evidence, research and knowledge services offer and capability**. Working alongside the new research and innovation service and knowledge service for the organisation, a research innovation and evidence hub will be developed to provide dedicated, shared resource to create and sustain public health system-wide leadership, support, and collaboration.

- **Build an enduring collaborative leadership approach** in PHS that will support and hold our teams to account to work in a collaborative way, building strong relationships internally and across the wider public health system, to deliver the public health priorities.

5.2 Timeline for Moving Beyond Day One

This section sets out an indicative timescale for Public Health Scotland to continue its journey beyond day one. While it will be for Public Health Scotland to agree the detail of this with Scottish Government and COSLA, all the work done to date and the readiness of the organisations for change means that this should continue without delay as the new organisation comes into being.

By Month 6

Public Health Scotland's board has agreed its **five year strategy** which

- Sets out at a high level the strategy for the organisation including: the vision, mission and purpose; and the plan for achieving the vision.
- Defines Public Health Scotland's contribution to the outcomes defined in the national performance framework and the public health priorities, while recognising that it is the public health system's performance as a whole that delivers against the national performance framework and public health priorities, with Public Health Scotland playing a part.
- Includes strategic (process) outcomes that are based on how it will support and enable the public health system, reflect Public Health Scotland's organisational values, can be measured at least annually, capture the perceptions of Public Health Scotland's stakeholders, and which will demonstrate Public Health Scotland is working collaboratively with its partners across the public health system
- Builds on the work of the public health reform commissions and their stakeholder engagement
- Describes a strategic plan for how Public Health Scotland will lead the whole system to innovate on Scotland's public health challenges and work with others to use and share data to drive change and improvement

Public Health Scotland's partnership forum has agreed its **partnership agreement**.

By Month 9

Public Health Scotland's board has agreed its **organisational change plan** which

- Says how the organisation will change to deliver its strategy
- Defines the target organisational structure for Public Health Scotland which will support improved partnership and local working and is based on outcomes the new body will deliver with and for the public health system
- Describes the specific desired behaviours staff and stakeholders should see in Public Health Scotland, its leaders and staff if it were behaving consistently with its values
- Describes an action plan to continue to change the existing organisational cultures to the more flexible and externally focused culture desired by staff, stakeholders and required by the ambitions of public health reform
- Describes how Public Health Scotland will develop the knowledge and skills of its workforce particularly to meet the aims of reform and its strategy
- Sets out how Public Health Scotland will change how it is located across Scotland to help it better focus on local systems

- Defines a programme of development for its information systems

By Month 12

Public Health Scotland

- Reviews progress towards its strategic outcomes and on its organisational change plan including having taken an initial measurement of how it perceived by its stakeholders against which it can benchmark against by months 24 and 36
- Reports to Scottish Ministers and COSLA on its progress towards its outcomes and organisational change plan.

By Month 18

Public Health Scotland

- Has aligned its organisational structure to its strategic outcomes
- Reviews and its board approves an updated organisational change plan for the next 18 months
- Starts to review the performance of its suppliers of shared services and decide if it wishes to change supplier(s) from month 36

By Month 24

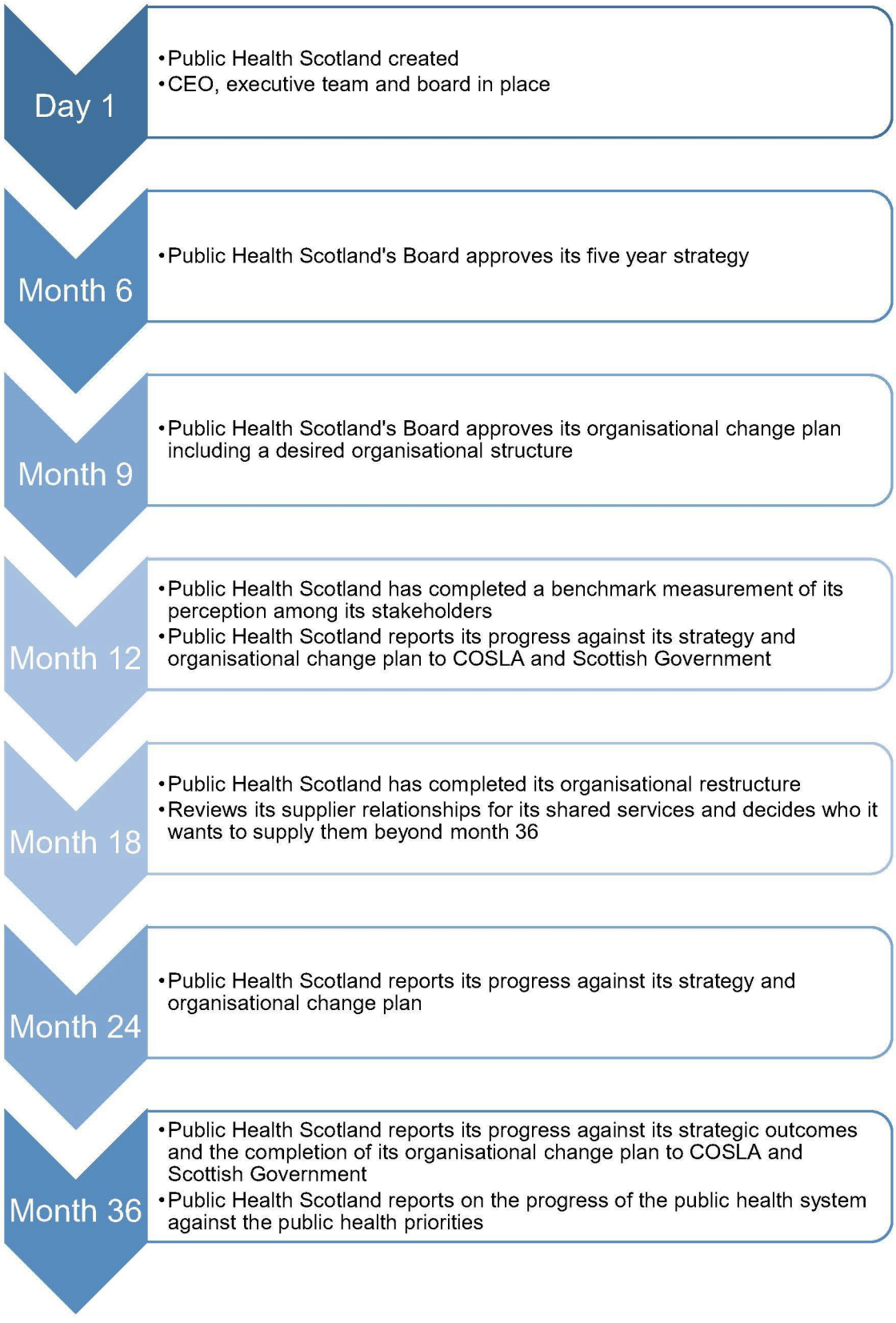
Public Health Scotland reports to Scottish Ministers and COSLA on its progress towards its strategic outcomes and organisational change plan.

By Month 36

Public Health Scotland reports to Scottish Ministers and COSLA on

- The performance of the public health system against the national performance framework and public health priorities
- Its performance against the process outcomes defined in its three year strategy
- The successful implementation of its organisational change plan

Figure 3: Indicative Timeline for Public Health Scotland's first 36 months



6 LOCATING PUBLIC HEALTH SCOTLAND

This section says how Public Health Scotland's staff will be located to deliver the ambitions of public health reform. Work is currently underway to develop the details of the accommodation for Public Health Scotland. Summary details are provided below but more detail will be added as the work progresses. We expect to have a design for the office in summer 2019.

On day one Public Health Scotland will be based in its existing locations, predominantly Meridian Court in Glasgow and Gyle Square in Edinburgh (with some staff located across Scotland).

The buildings will have Public Health Scotland branding both at their entrances and inside. In Meridian Court to show Public Health Scotland is a new and different organisation. ,. We will retain the existing floor space in Gyle Square and Meridian Court. However we will be looking at new and improved ways of working to support the ambitions of Public Health Scotland's desired innovative and collaborative ways of working. Both sites will have emergency response rooms for Public Health Scotland's health protection function.

Beyond day one to help deliver a whole system approach, Public Health Scotland will increase its local presence outside Edinburgh and Glasgow. This may require some sort of physical base for staff in other parts of the country in the medium-term (e.g. in shared accommodation with other public bodies such as local authorities, territorial health boards, police) and Public Health Scotland and its partners will explore this at an early stage in consultation with staff.

7 SUPPORTING INFORMATION SYSTEMS

The ambition is for Public Health Scotland to be an intelligence, knowledge and data driven organisation, innovative and based on strong partnerships. This ambition is underpinned and enabled by digital technologies. It can be realised by applying the culture, practice, processes and technology of the internet-era.

On day one Public Health Scotland will have the IT infrastructure, digital channels, data platforms and line of business applications to allow it to start delivering on the public health ambitions.

Public Health Scotland will also have a role across the public health system to support change by working in partnership, encouraging and enabling innovation, promoting case studies and examples, setting standards, influencing and creating new models of public health.

Beyond day one Public Health Scotland will focus on developing its digital capability to keep pace with the rapidly changing context of technology. It will explore new models of public health using technology and introducing flexibility and resilience that will allow us to adapt our public health practice and improve outcomes.

By the end of 2020/21, Public Health Scotland will have

- demonstrated public health leadership by developing and delivering new models of digital public health provision
- improved digital awareness and understanding across Public Health Scotland
- embedded a digital-first planning by integrating digital ways of working into the design of external and internal products, services and business processes
- built and continuously improved some important underpinning digital platforms for Public Health Scotland
- increased digital skills across Public Health Scotland, embedding learning and development for digital ways of working and designing new digital roles

In the longer term, Public Health Scotland's priorities will include

- improving its portfolio of supported data science and statistical analysis tools
- shifting to multiple channel delivery for data and intelligence-based services
- developing knowledge sharing tools with better links to digital channels
- modernising its health protection surveillance system

8 SUPPLYING PUBLIC HEALTH SCOTLAND

Public Health Scotland, like all organisations, receives services from other organisations. In line with the Christie Commission's recommendations, we expect Public Health Scotland to use shared services from across the public sector.

Public Health Scotland will make decisions on which services to share based on

- the impact of sharing those services on Public Health Scotland's ability to deliver on its purpose
- whether another organisation in the public sector can offer the service at a better combination of quality and/or cost

Work is currently underway to develop the details of the corporate services for Public Health Scotland. Summary details are provided below but more detail will be added as the work progresses throughout May and June.

Shared corporate services are being explored in five areas

- Finance and legal
- Human resources
- Information technology
- Operations management
- Procurement

As strategic business units in NHS National Services Scotland (NSS) currently supply these services to Public Health and Intelligence, NSS is the preferred partner for shared services in these areas. The initial service period is likely to be 36 months.

Public Health Scotland will retain the funding and the ability to procure services in these areas. In the future, Public Health Scotland will have option to procure these services from providers beyond NHSScotland.

The corporate services project is defining the service specifications and design for all the corporate services Public Health Scotland needs, including the five referred to above.

9 LEADING AND MANAGING PUBLIC HEALTH SCOTLAND

This section describes how Public Health Scotland will be managed. Work is currently underway to develop the details of the governance for Public Health Scotland. The programme board will be considering proposals for the design of the Board governance in autumn 2019. Summary details are provided below but more detail will be shared as the work progresses.

9.1 Governance

9.1.1 Joint Accountability

Public Health Scotland will be a special board of NHS Scotland by legislation. However because of its role across the public health system, it will have a very different look and feel from an NHS Board.

COSLA will be joint partners in the strategic planning and performance management processes for Public Health Scotland. Public Health Scotland will ultimately be accountable to Scottish Ministers, supported by the Scottish Government Health and Social Care Directorates, for the delivery of its functions.

However, in practice Scottish Government and COSLA will exercise meaningful and proportionate shared oversight of, and accountability for, Public Health Scotland's board and through that the organisation's strategy, recruitment, financial management, and performance and risk management. Together, they will ensure the body is provided with the necessary support and guidance to enable it to work effectively across traditional boundaries, in clusters and with external partners - for example, through the work of community planning partnerships. It will also provide reports to COSLA/local government leaders as appropriate.

The specifics of this arrangements will be set out in the Memorandum of Understanding between COSLA and the Scottish Government.

9.1.2 Independence

Integrity is one of Public Health Scotland's values. Public Health Scotland will be a distinct organisation with the operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. Public Health Scotland's credibility is based in its expertise and faithful representation of the evidence.

9.2 Leadership

9.2.1 Board

As an NHSScotland organisation, Public Health Scotland will have a publicly appointed board.

9.2.2 Executive Management Team

Public Health Scotland's executive management team (EMT) will be led by the Chief Executive.

Because of Public Health Scotland's role at the heart of the whole public health system, the EMT should include members with cross-sector expertise.

In addition to responsibilities outlined in section 4.1, between them EMT members will also cover the following responsibilities

- Senior Information Risk Owner
- Caldicott Guardian
- Staff health, safety and wellbeing

9.2.3 Professional Leadership

Public Health Scotland's leadership will also provide strong professional leadership for public health.

On day one Public Health Scotland will have a clinical and scientific director who will provide professional leadership across the organisation. Directorates will also have a lead specialist. The Data and Digital directorate will also have a Head of Statistics role (see 4.1 Day One Directorates above).

Beyond day one Public Health Scotland will develop other head of profession roles beyond public health specialists. This will reflect the broad range of professions involved in enabling and supporting the public health system, such as marketers, allied health professionals, scientists and more.

9.3 Performance Management

The success of the public health system is judged against (1) Scotland's health relative to other comparable countries, (2) the inequalities in Scotland's health and (3) the demand on Scotland's health and social care services. Public Health Scotland will help the public health system track its progress against these, aligned with progress towards the outcomes in the National Performance Framework.

Because Public Health Scotland's role is to support and enable the wider public health system to meet these challenges, its success is judged against not just Scotland's health outcomes, differences in those or demand on public services but also the extent to which it has supported the wider system.

10 FINANCE

Work is currently underway to develop the details of the finances for Public Health Scotland. Summary details are provided below but more detail will be added as the work progresses.

On day one Public Health Scotland's income and spending to be based on Public Health and Intelligence's and NHS Health Scotland's.

Beyond day one Public Health Scotland will work with its funders in the Scottish Government to review its funding model (see 5.1 Issues to consider beyond day one, above). Commissions noted the existing reliance on non-core funding as potentially diverting activity away from other work which could have a greater impact on improving the public's health, reducing health inequalities and reducing the unsustainable demand on health and social care services.

APPENDIX A: CURRENT ORGANISATIONS' SERVICES

Information Services Division (ISD)

ISD is part of Public Health & Intelligence (PHI), a strategic business unit of NHS National Services Scotland (NSS).

ISD's mission is to provide intelligence to help Scotland make the right health and wellbeing decisions. Its vision is of joined up public service data and intelligence to enable

1. the public to make informed decisions
2. professional to drive improved outcomes
3. public bodies to deliver service value

It does this by providing services in

- **data management**, ensuring that data collected and used in Scotland is of a high quality and consistency
- **analytics and intelligence**, providing analysis to support the transformation of information into intelligence in areas as diverse as public and population health, health and social care, NHS workforce and costs, and clinical audit
- **information and intelligence consultancy**, working with clients to scope and identify their information requirements both in and beyond health and social care including statistical modelling and surveys
- **research, innovation, audit and clinical trials support**, conducting, contributing to and managing research using data held by NHSScotland and partner organisations
- **health management and information libraries**, holding Scotland's most comprehensive collection of healthcare management information as well as specialist information on data intelligence and health protection

Health Protection Scotland (HPS)

HPS plans and delivers effective and specialist national services which co-ordinate, strengthen and support activities aimed at protecting the people of Scotland from infectious and environmental hazards.

It does this by providing advice, support and information to:

- health professionals
- national and local government
- the public
- a number of other bodies that play a part in protecting health

Its functions include

- surveillance and monitoring the hazards and exposures affecting people and the impact they have on their health
- co-ordination of national health protection programmes, for example, immunisation and antimicrobial resistance
- expert advice and horizon scanning
- effective preparation and response to outbreaks and incidents
- enabling good professional practice

- supporting the ongoing development of a confident and competent health protection workforce
- support commissioning specialist/reference lab services
- research and innovation to provide evidence for action

NHS Health Scotland

NHS Health Scotland is Scotland's national agency for reducing health inequalities and improving health.

NHS Health Scotland's vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. Its mission is to reduce health inequalities and improve health. It will do this by influencing policy and practice, informed by evidence, and promoting action across public services to deliver greater equality and improved health for all in Scotland.

NHS Health Scotland generates, manages and distributes help to turn into action, knowledge about what works and doesn't work to reduce health inequalities. It is best known for

- **publications** for the public and professionals (e.g. Ready Steady Baby given to every pregnant woman in Scotland)
- tools to help local decision making (e.g. the Place Standard)
- **training for trainers** and professionals (e.g. suicide prevention training)
- data analysis on Scotland's health for local and national policymakers (e.g. ScotPHO community health profiles)
- **awards schemes** for caterers and employers (e.g. the healthyliving award and Healthy Working Lives award)
- **campaigns** for the public (e.g. smoke free NHS grounds and national screening and immunisation programme communications)
- **evidence reviews and policy evaluations** for policymakers (e.g. the Health Inequalities Policy Review to the Ministerial Task Force and Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS))
- **advice on health and safety and occupational health** to employers and employees from the Healthy Working Lives Adviceline and healthyworkinglives.com

APPENDIX B: REMOTE AND RURAL IMPACT ASSESSMENT RECOMMENDATIONS

Public Health Scotland's Target Operating Model - Remote and Rural Assessment, March 2019

Background and engagement:

The Public Health Reform Programme Board wanted to ensure that a remote and rural assessment is made on the proposals in the TOM for Public Health Scotland. A remote, rural and island health checklist was developed by NoSPHN[6] in 2016, and initial views on how best to apply this process to the TOM, were initially sought from a few remote and rural public health leads in February/March 2019.[7]

Colleagues in remote and rural areas were pleased and reassured that rurality was being considered in the drafting stages of the TOM for Public Health Scotland (PHS). Initial comment and insight on TOM 1.0, included the need to build in

- IT infrastructure to support remote and rural access and participation;
- a recognition of workforce requirements and to account for the challenges for remote and rural workforce planning;
- and the use of data and measuring inequalities in smaller, rural communities, where there are issues with routine SIMD analyses.

Given that the Workforce Commissions had yet to report, and the consultation period for Tom 1.0 was still underway, it was felt that the best time for a full remote and rural assessment was when there was more information and clarity on how PHS will work with the local system. Until that time, Commission Leads were asked to consider the first questions of the remote, rural and island health checklist, (Table A) in relation to their specific domains and proposals.

The remote, rural and island health checklist has two stages of assessment (see Tables A and B)

- A - How to remote, rural & island health proof before and during policy / programme development, and
- B - How to remote, rural and island proof during and after implementation

Commissions approached the checklist in two ways; some considered the specific detail of the questions in relation to their area or domain, and others made an a more general appraisal of the suitability of the questions and how they could be applied to support planning, how the checklist would work alongside other proposed impact assessments and what impact the findings would have on the proposed delivery model of Public Health Scotland.

One general comment reflected that application of the questions in the checklist potentially makes the case for a different way of delivering public health in remote and rural areas. The checklist identifies population and service challenges in remote and rural areas, and highlights the many resource and resilience issues within the available public health assets. As a result, consideration may need to be given to organising public health capacity

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[6] https://www.nosphn.scot.nhs.uk/wp-content/uploads/NoSPHN-Remote-Rural-Island-health-proofing-checklist-for-PH-SSR-v201216.pdf

[7] Initial comment on process was provided by the North of Scotland Public Health Network, and a public health lead in Dumfries and Galloway.

differently, creating a stronger critical mass of capability that has more depth across the different domains and functions of public health, whilst balancing this against the need to retain a local footprint.

The Workforce Commission reflected that the policy objective in Public Health Reform, was to support a resilient, competent and agile workforce that is able to tackle inequalities and enact system change to meet current and future public health challenges, and improve and protect the health and wellbeing of the population of Scotland. For this to be achieved in remote and rural areas, we require adequate capacity to support the public health priorities, with a skilled core workforce in place to work effectively with the local systems' workforce. For this to constitute fair remote, rural and island outcomes, further evidence on the recruitment, retention, funding, and skills mix of the existing local workforce needs to be considered.

With regards to the use of data and measuring inequalities in smaller, rural communities, the Underpinning Data and Intelligence Commission noted that the majority of data sets currently held allow anaylsis at low levels of geography, so this will allow us to address questions relating to rurality. It is acknowledged however, that there is an ongoing debate about the Scottish Index of Multiple Deprivation (SIMD) and it's applicability to rural areas. SIMD is used widely across PHI and Health Scotland, and is a Scotland-wide index which is used by a whole range of organisations, including Scottish Government who own it, so any changes to this approach will need to be part of a wider discussion.

Recommendations for process:

Given these initial discussions and findings, it is proposed that;

- The initial feedback above is accounted for when establishing the TOM for day 1, and within the schedule for change over the following 3-5 years. More information on the provision for public health capacity across the system, and how Public Health Scotland accounts and supports this is required.
- As part of this process, Section B of the remote, rural and island checklist should be undertaken alongside other formal impact assessments (eg HIIA) being undertaken of Public Health Scotland, and that partners are engaged to account more fully for remote and rural issues at that time.
- A process for accounting, and potentially mitigating, for findings of the remote, rural and island checklist should be agreed by the Programme Board, and built into Public Health Scotland's ongoing governance structure.

Table A

A. How to remote, rural & island health proof before and during policy / programme development	
Define the issue	• What is the policy objective in terms of problem to be solved or outcome to be achieved? • What impact do you intend it to have in remote, rural and island areas? • What constitutes fair remote, rural and island outcomes in this case?
Understand the situation	• What is the current situation in remote, rural and island areas? • Do you have the necessary evidence about the position in remote, rural and island areas?

A. How to remote, rural & island health proof before and during policy / programme development	
	• Do you have access to the views of remote, rural and island stakeholders about the likely impact of the policy / programme / development?
Develop & appraise options	• Is action needed to ensure fair remote, rural and island outcomes? • Will it cost more to deliver the policy in remote, rural and island areas? • Do the necessary delivery mechanisms exist in remote, rural and island areas? • What steps can be taken to achieve fair remote, rural and island outcomes?

Table B

B. How to remote, rural and island proof during and after implementation	
Prepare for delivery	• What action has been taken to ensure fair remote, rural and island outcomes? • Have these actions been recorded? • Have they been adequately reflected in an Impact Assessment?
Implement & monitor	• What action has been taken to monitor remote, rural and island outcomes? • What mechanisms exist for taking further action if problems arise?
Evaluate & adjust where required	• Have remote, rural and island impacts been included in the evaluation process? How will lessons learned in relation to remote, rural and island outcomes be used to inform future policy making and delivery?

APPENDIX C: AN APPROACH TO DEVELOPING AN OUTCOMES FRAMEWORK FOR PUBLIC HEALTH SCOTLAND

Background

Because NHS Health Scotland has had two strategies based on population health outcomes, the Public Health Reform team invited NHS Health Scotland's Public Health Science directorate to propose an approach to developing an outcomes framework which Public Health Scotland could use.

The Approach

Public Health Scotland will be planned, measured and organised around the Public Health outcomes it will work to achieve in partnership with the wider system. Key outcomes will change over time, so the process below will be focussed on the outcomes that PHS will work towards in the first five years from its inception.

Key points for creating the outcomes. They will

- clarify what outcomes Public Health Scotland needs to achieve
- classify those outcomes into those which will be achieved in the short, medium and long-term
- describe the relationship between the outcomes
- be jointly owned by Public Health Scotland and the wider system, and will clearly identify the contribution that Public Health Scotland within the wider system.
- be developed in collaboration with key stakeholders
- be developed with involvement from staff
- complement (not compete with) current national and local outcomes and priorities
- be as mutually exclusive as possible (i.e. so out is clear which outcome work should sit under)

Phase 1 (2 weeks)

- There needs to be a decision about what we mean by outcomes, and what criteria is used to decide what constitutes an outcome. We could have population outcomes, process outcomes, a mixture or something else.
- Identification of learning from the development of other outcome frameworks, such as the "Public Health Priorities for Scotland" and the Health Inequalities Policy Review.

Phase 2 (10 weeks)

A 10 week process is proposed in the table below.

Internal Development Stage (week 1-3)	**Step 1**: Facilitated workshop with members of the Public Health Reform team and a subgroup of PHI/NHS Health Scotland staff to identify draft long term outcomes, and corresponding medium and short term outcomes
	Step 2: Engagement event open to all PHI/NHS Health Scotland staff to discuss the draft outcomes, and identify gaps and opportunities

	Step 3: Write up of the draft outcomes and the contribution of Public Health Scotland to achieve those outcomes
External Development Stage (4-9 weeks)	**Step 4**: Second workshop with Public Health Reform team and wider group of stakeholders to review and modify the draft outcomes for Public Health Scotland
	Step 5: Write up the workshop to create final draft of outcomes for Public Health Scotland
	Step 6: Outcomes document open for consultation for a period of four weeks – online questionnaire and face to face engagement with identified stakeholder groups
Ratification	**Step 7**: Finalise outcomes presented to the shadow board of Public Health Scotland

11 DOCUMENT CONTROL

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Improving Services (Health and Social Care Public Health) D2 v1.0	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Improving%20Services%20(Health%20and%20Social%20Care%20Public%20Health)%20D2%20v1.0.pptx
Improving Services Comm D4 Final Submission	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Improving%20Services%20Comm%20D4%20Final%20Submission.docx
Improving Services Comm D5 Final Submission	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Improving%20Services%20Comm%20D5%20Final%20Submission.docx
09 Protecting Health Commission deliverable 2 v1 0	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/09%20Protecting%20Health%20Commission%20deliverable%202%20v1%200.pdf
PHC Deliverable 4 – Customer Requirements v1.1 FINAL	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/PHC%20Deliverable%204%20-%20Customer%20Requirements%20v1.1%20FINAL.pdf
Protecting Health Commission Deliverable 5 – v1.0	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/Protecting%20Health%20Commission%20Deliverable%205%20-%20v1.0%2028.12.18.docx
Leadership for the Public Health Workforce Development – Current Leadership Arrangements 0.2	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/LPHWD%20-%20current%20leadership%20arrangements%20(Del%202)%20V%200.2_20180907.pdf
Deliverable 3 – Interim Report (WNBOD)	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/20181218%20Deliverable%203%20-%20Interim%20Report%20(WNBOD).pdf
UDI commission Deliverable 2 v1 0	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/UDI%20commission%20Deliverable%202%20v1%200.ppt
UDI Deliverable 4 – Customer Requirements (also included as Appendix 1 of Deliverable 5)	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/UDI%20Deliverable%204%20-%20Customer%20Requirements%20(also%20included%20as%20Appendix%201%20of%20Deliverable%205).docx
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UDI Deliverable 5 - Appendix 2 – structure pros and cons	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/UDI%20Deliverable%205%20-%20Appendix%202%20-%20structure%20pros%20and%20cons.docx
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PHR TOM Product Description V2.0	http://extranet.healthscotland.com/sites/phr/Programme/ProjectsCommissions/PHR%20TOM%20Product%20Description%20V2.0.pdf