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Aligning Divisional Structures within the Public Health Development Directorate

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Purpose and Summary of Document:

To inform staff within the Public Health Development Directorate of the changes to the divisional structure for the directorate following Tracey Cooper, Chief Executive Officer's announcement of the changes to the Executive team structure and organisational directorates.

Work Plan reference: N/A

1. Background

The Chief Executive of Public Health Wales has asked for a review of the alignment of divisions within the Public Health Development Directorate, which will be renamed as the Health and Wellbeing Directorate from April 2015. This follows changes made to the Executive team structure and organisational directorates.

The new Health and Wellbeing Directorate will have overall responsibility for health improvement and multi-agency engagement, the Primary, Community and Integrated Care prevention agenda, and Health intelligence and Knowledge Management functions for the organisation. The main functions for the Directorate will therefore include:

- *Health Improvement* – establishment and oversight of a National Prevention System delivered through Local Public Health Teams, national programmes, collaborative networks with partners and communities and effective multi-agency working
- *Multi-agency and Stakeholder Engagement* – specific focus on multi-agency collaborations within the prevention system to deliver community health improvement
- *Primary, Community and Integrated Care* – providing policy and strategy advice, supporting primary and community care reform and health improvement in primary care through a prevention focus (including the professional teams in Public Health Wales)
- *Health Intelligence and Knowledge Management* – including the public health observatory and the Welsh Cancer Intelligence Surveillance Unit. This function will also develop and embed knowledge management throughout the organisation in order to best share and learn within and between teams and external to the organisation.

With the development of the Strategic Plan 2015-2018 (also known as the Integrated Medium Term Plan and IMTP), and the changes made to the Executive Team structure, this is an opportune time to ensure that the directorate is aligned to meet the function and overall responsibility.

These proposals could also provide real benefits for staff, including ensuring easier access to their director, more similar sized divisions, and clearer accountability and understanding of their work. The aims of the

realignment are to make it easy for groups to achieve organisational priorities and the objectives set out in the IMTP.

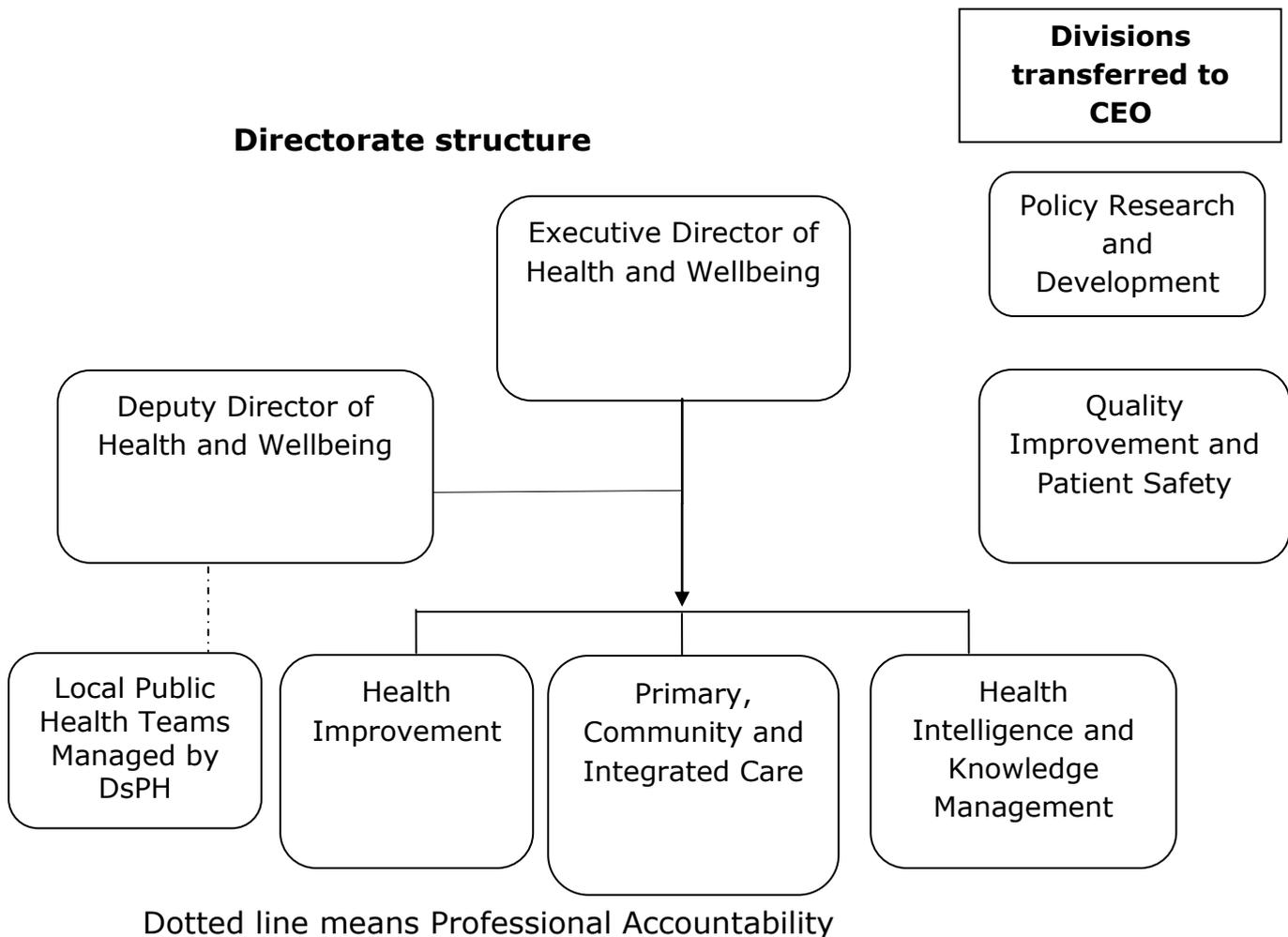
The 1000 Lives Improvement service has already transferred line management to Tracey Cooper as CEO dedicated to **Quality Improvement and Patient Safety**. The transfer happened on 1st February 2015

The **Policy, Research and Development division** has been given a national prominence and therefore is transferring out of this directorate and becoming a directorate in its own right.

2. New aligned structure

A model has been discussed in the directorate leadership team, the Public Health Wales Executive and with key stakeholders, resulting in the structure that is presented in this paper. The main changes in the model are:

- The Health and Healthcare Improvement division will become a **Health Improvement division** focusing exclusively on improving population health and tackling health inequalities by influencing and **engaging with multi-agency systems** and settings that affect people's lives.
- A new division for **Primary, Community and Integrated Care (Prevention)** will be formed to focus on prevention in healthcare, primary care public health and service transformation. The professional teams (dental, optometric, primary care and pharmaceutical public health) would form this new division.
- The Deputy Director role has been expanded to a full time post (as interim for 12 months) to ensure continuity as the Executive Director of Public Health Development post is likely to be vacant for a short period. The Deputy Director role will have professional responsibility for the **local public health teams**.
- The Health Intelligence division is expanding its name to **Health Intelligence and Knowledge Management**.



3. Aims of the divisions

3.1 Draft aims for new divisions

Health Improvement:

- To establish a national system for health and prevention.
- To transformed our approach to health improvement in priority areas (tobacco, nutrition and obesity, physical activity, substance use and mental wellbeing) across the life course, through a settings and systems based approach.

- To support system wide action to improve outcomes in the early years.
- To work with partners to reduce the number of pregnancies and young children regularly exposed to tobacco smoke.
- To work with health boards and other partners to reduce maternal and childhood obesity.
- To support front line primary care staff to include prevention as treatment.
- To develop and implement a new model of smoking cessation service delivery that supports smokers in Wales to quit with the level of support that is right for them.
- To establish a clear agreed focus on primary, community and integrated care within the organisation.
- To support health boards and their associated primary care services, to develop a population focus.
- To support primary care services to improve a defined number of healthcare outcomes.
- To support front line primary care staff to include prevention as treatment.
- To be a leading partner in the redesign of primary care services in Wales.
- To improve patient safety in primary care.
- To support people to feel able to successfully manage their care and engage in informed conversations to achieve their best experience underpinned by the principles of coproduction and evidence based treatment.
- To develop a policy capability in Public Health Wales that supports and informs multi sectoral public health working at local, national and international levels – working in collaborations and increasing international investment in Wales.
- To establish a network of collaborative partnerships across health, social care, local government, third sector, academia and industry

so that we work with other who can help us to deliver for the population of Wales.

- To have a positive work environment based on mutual respect and trust, characterised by high levels of collaboration and team work, driven by excitement and ambition to exceed expectations.

Primary, Community and Integrated Care:

- To develop a clear agreed focus on primary, community and integrated care within the organisation.
- To support health boards and their associated primary care services to develop a stronger population focus.
- To support primary care services to improve a defined number of healthcare outcomes.
- To support front line primary care staff to include prevention as a treatment.
- To be a leading partner in a redesign of primary care services in Wales.
- To improve patient safety in primary care.

3.2 Aims of existing divisions

Health Intelligence and Knowledge Management:

- To establish a national system for health and prevention.
- To support system wide action to improve outcomes in the early years.
- To support health boards and their associated primary care services to develop a stronger population focus.
- To work with health boards and the ambulance service to improve the delivery and timeliness of care for patients requiring unscheduled care.
- To develop our health intelligence resources to deliver high quality products and services supporting Public Health Wales statutory functions and priorities, and informing prudent public health practice.

- To deliver quality work that has an impact, which we can demonstrate through external recognition.

Local Public Health Teams: Providing specialist public health support and advice to health boards, local authorities and third sector organisations including

- Supporting the development of public health strategies, policies and programmes
- Implementing, managing and monitoring of health promotion and health protection initiatives within the locality including settings and communities.
- Providing public health support to healthcare commissioning

4. What this means to staff

The realignment of the divisions will provide a structure that broadly matches the strategic priorities set out in Public Health Wales' Strategic plan. The divisional structure will also provide a clear line of accountability so everyone will find it easier to know what is expected of them. This clarity around accountability should facilitate the development of personal objectives which are clearly linked to strategic priorities.

The structure will make some priority areas in the organisation more visible and result in divisions which are more similar in size and easier to manage. Staff should benefit in some cases, from easier access to their divisional director.

Flexible working across divisional and directorate boundaries will be required, so that staff across the organisation routinely works together towards common goals.

5. What happens next

5.1 Aligning teams to divisions

The changes set out above do not put any posts at risk. Therefore the formal consultation arrangements set out in the Organisational Change Policy do not apply. However, Public Health Wales believes that any

change should be managed sensitively with the opportunity for staff to have discussions with their divisional directors

In line with that spirit, engagement with staff will take place through the following channels:

- The weekly e-bulletin for distribution across Public Health Wales.
- Divisional directors will ensure this paper is discussed at their local team meetings so that feedback can be given and questions raised.
- A response will be given to staff questions via their divisional directors and a summary of staff feedback and frequently asked questions will be circulated along with details of any resulting changes to the structure.
- Following local discussions, recommendations to the Executive Team are expected to be made by the divisional directors on the best place to align work within the divisions set out above. Where it is determined that individuals or teams would be better aligned in another division or directorate, discussions will take place on an individual and/or team basis to work through the detail and arrange the effective date of such change.
- The new division of Primary, Community and Integrated Care will not be formed until a director is appointed. To support the realignment, monthly meetings will be set up with the professional teams and Dr Julie Bishop and Su Mably as Co-Directors to discuss business needs and service continuity until the director is appointed.

5.2 Appointment to Divisional Directors

- The post of **Executive Director of Health and Wellbeing** will be permanently advertised as soon as possible.
- The post of **Director of Health Improvement** will be permanently advertised as soon as possible.
- The new post of **Director of Primary, Community and Integrated Care** will be advertised as a secondment opportunity for 12 months.
- Dr Judith Greenacre has been appointed to a full time **Deputy Director of Public Health Development** as a secondment for 12

months. Dr Greenacre will commence in this role from 1st April 2015.

- The vacant post of **Director of Health Intelligence** has been advertised as a secondment opportunity internally to Public Health Wales for 12 months to cover Dr Judith Greenacre's secondment.

5.3 Funding

Discussions are taking place in relation to securing funding to establish new work streams and in particular for the new division for Primary, Community and Integrated Care.