

# **PUBLIC HEALTH REFORM OVERSIGHT BOARD**

**3rd Meeting: 2 pm–5 pm, Wednesday 25 January 2018  
Conference Rooms A & B, St. Andrew's House, Edinburgh**

## **MINUTES**

### **1. ATTENDEES/APOLOGIES**

1.1 See list at Annex A.

### **WELCOME, INTRODUCTIONS AND OPENING REMARKS**

1.2 Andrew Scott welcomed everyone to the third meeting of the Oversight Board. The chair reflected on the growth of the Public Health Reform Team recently and referred to the appointment of Marion Bain and Eibhlin McHugh as a commitment to strong partnership working in the delivery of public health reform.

1.3 Attendees introduced themselves in the round. The chair then summarised the agenda items which were due to be discussed.

### **2. MINUTES OF PREVIOUS MEETING (PAPER 3.1)**

2.1 The minutes of the previous meeting were agreed.

### **3. EXECUTIVE DELIVERY GROUP CO-DIRECTORS' SUMMARY REPORT (PAPER 3.2)**

3.1 There has been a strong focus on engagement. The practical focus has been on the work around public health priorities for Scotland where good progress has been made. Groundwork has been laid for the creation of the new public health body and gaps have been identified where more work is needed. The next stage of this work is to create the blueprint for the new body in time for the next Public Health Oversight Board meeting in April.

3.2 Discussion of the paper highlighted how positively board members thought the engagement processes had been. It was felt that the Public Health Reform Team had shown good visibility and presence. The trade unions highlighted their on-going willingness to feed into the work.

3.3 The need to consider further how the public are engaged was noted.

3.4 Scotland has much to contribute and there is a great opportunity for the new arrangements to contribute to the international stage. The Reform Team were asked to consider how international aspects of the work will be addressed, including the relationship with the World Health Organisation.

### **4. PUBLIC HEALTH PRIORITIES (PAPER 3.3)**

4.1 It was noted that an extension to the deadline for publication of the priorities had been agreed by Ministers and the Convention of Scottish Local Authorities. A summary of the key activities undertaken since autumn 2017 was given.

## **PUBLIC HEALTH REFORM OVERSIGHT BOARD**

4.2 Discussion on the paper was positive: the evidence-based approach was well-regarded as was the engagement process. The balance across the full spectrum of public health was commended. The value of Local Outcome Improvement Plans (LOIPs) in ensuring relevance to local communities was also noted.

4.3 There was some discussion around ensuring Health Protection and Healthcare Public Health priorities are adequately reflected.

4.4 There was discussion about potentially stratifying the themes by life course, although it was noted that this may prove challenging if this was the only approach.

4.5 The need to include third sector evidence was highlighted, along with the on-going need to ensure third sector engagement. It was also highlighted that reference to human rights, the right to health and climate change should be included.

4.6 The Board noted and was content with the paper.

### **5. NEW PUBLIC HEALTH BODY – KEY CONSIDERATIONS (PAPER 3.4)**

5.1 During discussion of the paper, it was noted that we should be thoughtful about some of the language used. For example, we want to ensure that the message about the new body is that it is not a merger; rather the creation of a new and different body. Similarly, the message should be that we are looking to build on, develop and improve what we currently have.

5.2 There was discussion around how joint accountability of the new body to local government and the Scottish Government could work. Options discussed included joint sponsorship, SG and LG Non-Executive Directors on the body's Board and a suggestion of a Memorandum of Understanding or Framework Agreements. A legislative basis for the new body which is clearly distinct from the NHS was seen as offering opportunities, although a clear linkage to the NHS is also important for some aspects, e.g. health promotion.

5.3 A Framework Agreement could be used to specify the sponsorship arrangements. The vision, mission and values will be key and should reflect the person at the centre of all we do. A level of independence and ability to challenge was seen as important.

5.4 It was noted that the iHub (improvement hub) is jointly accountable to local and national government. The iHub is part of Healthcare Improvement Scotland and was established in April 2016 to support those delivering health and social care across Scotland. Similarly, the Glasgow Centre of Population Health has representatives from the NHS, local government, national government and academia on its Board.

5.5 How the public engages with the new body was seen as critical and learning should be taken from current experience, both where that works well and not so well. It was noted that being an NHS body would bring certain constraints that need to be considered, alongside some of the potential pragmatic advantages.

# **PUBLIC HEALTH REFORM OVERSIGHT BOARD**

5.6 The funding landscape was also noted, including on-going anticipated saving requirements for the public sector.

5.7 Data and technology were identified as key levers for the new organisation to achieve change. The new body was encouraged to be bold in its use of data. The potential to work with the other three UK nations on this agenda was noted.

## **6. PROGRAMME DELIVERY (PAPERS 3.5 & 3.6)**

### **Programme brief and plan (Paper 3.5)**

6.1 The Programme Brief and Plan were discussed.

6.2 Annex A summarised the key expected outputs of the programme and the front page of the paper identified the actions required.

### **Draft communications and engagement strategy (Paper 3.6)**

6.3 It was highlighted that the strategy should be more explicit in the narrative on managing feedback and the two-way nature of engagement. The strategy should ensure a clear message in terms of our intention to engage in an open and transparent manner.

6.4 It was proposed that the strategy should further define our stakeholders, including input from private sector stakeholders. More clarity requested around what is meant by “staff”. The need to consider the regional level was also noted.

6.5 The importance of branding of the new body was noted. Positive approaches by Public Health England (including their use of surveys etc.) were noted.

## **7. PROGRAMME GOVERNANCE (Paper 3.7)**

7.1 The Board noted and agreed the paper.

7.2 Suggestions were made about membership of the new programme board. This board, along with the projects being planned within the programme, will need to ensure appropriate membership.

## **8. ANY OTHER BUSINESS**

8.1 There was no other business. The chair put on record his thanks, and the thanks of Board, to Paula McLeay (as co-chair) for her input into the reform work over the past few months and the capable and professional way in which she had chaired past meetings of the Oversight Board.

**29 January 2018**

# PUBLIC HEALTH REFORM OVERSIGHT BOARD

ANNEX A

## LIST OF ATTENDEES/APOLOGIES

### Attendees

Jeff Ace	NHS Chief Executives
Marion Bain	Public Health Reform, SG
Gareth Brown	Health Protection, SG
Angela Campbell	Health Analytical Services, SG
Ian Cant	UNISON
Patricia Cassidy	IJB Chief Officers
Julie Cavanagh	Faculty of Public Health Scotland
Jane Davidson	NHS Chief Executives (NHS Borders)
Fiona Garven	Scottish Community Development Centre
Beth Hall	COSLA
Asif Ishaq	Public Health Reform, SG
Andrew Kerr	Local Authority Chief Executives (Edinburgh)
Daniel Kleinberg	Health Improvement, SG
Aneta Kubik	Public Health Reform, SG
David Lynch	IJB Chief Officers (Dundee City)
Neil MacLeod	Legal Directorate, SG
Liz Manson	Community Planning Network
Steven Manson	Public Health Reform, SG
Mark McAllister	Public Health Reform, SG
Eibhlin McHugh	Public Health Reform, SG
Gerry McLaughlin	NHS Health Scotland
Paula McLeay	Chief Officer Health & Social Care, COSLA
Lewis Ritchie	Public Health Academic
Angela Scott	Local Authority Chief Executives (Aberdeen City)
Andrew Scott	Director of Population Health, SG
Duncan Selbie	Public Health England
Colin Sinclair	NHS National Services Scotland
Robert Skey	Public Health Reform, SG
Gregor Smith	Deputy Chief Medical Officer, SG
Claire Stevens	Voluntary Health Scotland
Colin Sumpter	Public Health Reform, SG
Carol Tannahill	Glasgow Centre for Population Health
Amanda Trolland	Public Health Reform, SG
Billy Watson	Scottish Association of Mental Health
John Wood	COSLA

### Apologies

## **PUBLIC HEALTH REFORM OVERSIGHT BOARD**

Colin Mair	Improvement Service
Quentin Sandifer	Public Health Wales
Colin Sumpter	Public Health Reform, SG
Justine Westwood	Health and Social Care Delivery Plan, SG