

# Minutes & Actions

**Meeting:** Public Health Reform Oversight Board

**Date:** Thursday 19 July 2018, from 2:00pm to 5:00pm

**Location:** Scott meeting room, COSLA, Verity House, 19 Haymarket Yards, Edinburgh EH12 5BH

## 1. ATTENDEES/APOLOGIES

1.1. See list at Annex A.

## 2. WELCOME, INTRODUCTIONS AND OPENING REMARKS

2.1. Andrew Scott welcomed everyone to the fifth meeting of the Public Health Reform Oversight Board. Andrew referred to the good progress of the reform programme and also reflected on the recent Ministerial reshuffle. New Ministers had already identified the public health priorities as being of crucial importance and the work of the Reform programme will continue as planned.

2.2. Attendees introduced themselves in the round. The chair then summarised the agenda items which were due to be discussed, and advised that item 5 (enabling the new public health body) would be taken before item 4 (public health priorities).

## 3. MINUTES OF PREVIOUS MEETING (PAPER 2.1)

3.1. The minutes of the fourth meeting were agreed as an accurate record.

## 4. EXECUTIVE DELIVERY GROUP SUMMARY REPORT (PAPER 3.1)

4.1. Marion Bain spoke to Paper 3.1 and described the support and engagement activity that had been underway. This included a series of visits to Local Authorities across Scotland to build support for reform. This has been a good opportunity to identify and address any concerns or resistance

4.2. Eibhlin McHugh discussed the local government public health reform event which was held in Edinburgh on 18 June. The event, which was chaired by Angela Scott, was well-attended and productive. There was a clear sense from the day that Local Government officers are keen to get involved with the work of public health reform.

4.3. PHOB members were appreciative of the process that the Executive Delivery Group undertook in order to get the public health priorities published.

4.4. Confirmation was requested around the timescales for the commissions. These are due to be completed by the end of 2018 for the design, governance and IT commissions. The legislative commission timescale is a bit harder to pin down due to awaiting a decision on what type of public body to create and associated legal work.

## 5. PUBLIC HEALTH SCOTLAND: ENABLING THE NEW BODY – LEGISLATIVE OPTIONS (PAPER 5.1)

5.1 Robert Skey introduced paper 5.1 which set out a series of questions in relation to enabling the new body. Andrew Scott noted that there were references in the paper to different legislative approaches potentially giving rise to challenges or risks around Parliamentary scrutiny. For avoidance of doubt, he advised the Board that these references reflected challenges and risks around timescales, rather than any concerns about the value of Parliamentary scrutiny itself.

5.2 The Board discussed the first question in the paper, in relation to the guiding principles for the new body. There was a consensus in support of the principles set out, with a recognition that there was a need to consider the following specific issues:

- Tone and language – i.e. ensuring our principles reflect aspirations and positive change rather, defining the future by what we want it to be rather than what it shouldn't be. It was also acknowledged that elements of the language could be viewed as implicitly critical of the NHS, which was unhelpful and not inclusive.
- Balance of staff/leadership – there was a discussion about ensuring the body could employ staff from different backgrounds (i.e. Local Authority, NHS and others), but recognition of the challenges this raises. The programme team agreed to investigate the possibility of removing barriers to the transfer of staff between the NHS and Local Authorities such as provision of continuous service (a more general problem, but one that was at the heart of the collaboration Public Health Reform was pursuing). **Action: Programme Team.** The Board also suggested that the leadership of the organisation should include the Third Sector and possibly an individual with 'lived experience'.
- International – the Board encouraged the reform programme to consider the need for the body to have links and impact in the international sphere, given Scotland's leadership and strengths in public health.

5.3 The Board considered the second and third questions in the paper in relation to the functions of the body. Again, the Board was broadly content with what was set out in the paper, with the following additional comments made:

- It was observed that NSD also provides elements of health care public health, as well as Healthcare Improvement Scotland, and more specifically a question was raised around the future leadership for the National Screening Programmes and whether this would be within scope for the new body.
- The Board felt strongly that innovation would be key to the work of the new body, and that in particular the body would need to have functions and capabilities in relation to behavioural science and digital/data science.

5.4. The Board considered the fourth question in the paper, in relation to what legal form the new body should have. On balance, the Board agreed as a consensus that Public Health Scotland should be established as a Special Health Board. A number of points were made in support of this position:

- That how the body operated, how it provided leadership and support across the system, was more important than its legal basis.
- That a Special Health Board approach would enable new leadership to be recruited and appointed more quickly, and would allow the body be established earlier.
- That a Special Health Board approach significantly reduced risks in relation to staff terms and conditions, which was a particularly concern for staff, and in relation to information governance. Indeed, the Board felt these issues may be more important than the legal status of the body.
- That the design principles, particularly around accountability to Local Government, could be achieved effectively through non-legislative means via an MOU.

5.5 The Board did discuss the important point of independence – i.e. the extent to which the new body would be able to challenge other parts of the system. It was recognised that any corporate body would have a relationship to Government and so there was no absolute independence. However what was more important was the ability of the organisation to have independence of voice, and to be able to speak to the evidence. The Board agreed that this should be a key principle for a public health body.

5.6 The Board also discussed the role of the new body in relation to community planning, and it was suggested that it would useful to make an amendment to the Community Empowerment (Scotland) Act 2015 to include Public Health Scotland as a statutory partner in Community Planning Partnerships. The Programme Team agreed to investigate this further.

## 6. PUBLIC HEALTH PRIORITIES (PAPER 4.1)

6.1 Asif Ishaq introduced paper 4.1 on work to support the implementation of the priorities across the wider system.

6.2 There was a recognition of the link between the Priorities and the new National Performance Framework. The Board encouraged the programme to consider how the Priorities would help to deliver the relevant (e.g. health and wellbeing) outcomes of the NPF, and that links could be made with the four NPF-related groups that had been established to consider how outcomes will be achieved.

6.3 The Board considered the Whole System Reference Group (WSRG) and there was broad support for the establishment of the group. The Board made a number of additional points:

- The membership was not “disruptive enough” and the programme was encouraged to be ‘bolder and braver’ in seeking. “constructive disruption”.
- The Board encouraged looking for new perspectives/expertise such as private sector technology firms (Microsoft, Google etc) to drive progress on activities such as behaviour science and innovations.
- Local Government and COSLA membership of the WSRG was also suggested.
- It was noted that Healthcare Improvement Scotland is doing some work on transformation that could offer learning.
- And the Board encouraged thinking on how to get the ‘consumer’ voice into the wider-system work.

6.4 The Board was of the view that the WSRG will need to quickly articulate how a step change across the system will be achieved, and how it can help develop and support the role of the new body le without getting in the way of the body itself.

6.5 The Board felt the WSRG had to be realistic about what could be achieved – it viewed the milestones that were set out as being ambitious, perhaps even undeliverable. The Board encouraged the WSRG to focus on what is most important initially e.g. building on the support achieved during the process of developing/agreeing the priorities.

6.6 The Board welcomed the approach to collaboration and partnership between Scottish Government and COSLA. In relation to the proposed new Public Health Priorities Team within Government, the Board encouraged the programme to consider establishing this as a joint policy team, involving COSLA and SG. The Programme Team agreed to consider how to do this. **Action: Programme Team**

## 7. NEXT STEPS

7.1. Andrew Scott asked Gareth Brown to outline next steps for the Board. Gareth summarised that the next steps would be to seek a political view on the legal form of the body, which would in turn allow work to progress on recruitment of leadership for the new body; decisions around shared service provision for corporate functions; and to support the next stages of the commissioned work to design the new body. There would be work for the SROs in terms of agreeing the legal basis for Public Health Scotland. There were discussions to be had on leadership, recruitment, shared services and the commissions.

7.2. It was suggested that the next meeting of the Oversight Board should consider progress at that point in relation to the commissioned work to design the new body; and given comments that had been made in discussion it was suggested that an agenda item on research, innovation and behaviour science would be useful. Duncan Selbie suggested inviting the behavioural insights team from London to run a session on this topic.

## 8. ANY OTHER BUSINESS

8.1. Julie Cavanagh informed members that the Faculty of Public Health's annual conference was due to take place in Peebles on 1 and 2 November 2018 and that members would be very welcome to attend.

## ANNEX A

### LIST OF ATTENDEES/APOLOGIES

#### Attendees

Jeff Ace, NHS Dumfries and Galloway  
Marion Bain, Scottish Government  
Gareth Brown, Scottish Government  
Ian Cant, National Services Scotland  
Angela Campbell, Scottish Government  
Julie Cavanagh, NHS Tayside  
David Crichton, Health Scotland  
Jane Davidson, NHS Borders  
Andrew Fraser, NHS Health Scotland  
Fiona Garven, Scottish Centre Development  
Ruth Glasborrow, Healthcare Improvement Scotland  
Eibhlin McHugh, Scottish Government  
Lewis Ritchie, Scottish Government  
Angela Scott, Aberdeen City Council  
Andrew Scott, Scottish Government (Chair)  
Duncan Selbie, Public Health England  
Colin Sinclair, NHS National Services Scotland  
Carol Tannahill, Glasgow Centre for Population Health  
Billy Watson, SAMH  
John Wood, COSLA  
Kiren Zubari, VHS

#### Apologies

Sarah Gadsden, Improvement Service  
Daniel Kleinberg, Scottish Government  
David Lynch, Dundee City Council  
Liz Manson, Dumfries and Galloway Council  
John O'Dowd, NHS Greater Glasgow and Clyde  
Quentin Sandifer, Public Health Wales  
Gregor Smith, Deputy CMO, Scottish Government  
Claire Stevens, Voluntary Health Scotland

#### Support/Observers

Beth Hall, COSLA  
Catherine Flanigan, Scottish Government  
Robert Girvan, Scottish Government  
Asif Ishaq, Scottish Government  
Steven Manson, Scottish Government  
Robert Skey, Scottish Government  
Colin Sumpter, Scottish Government

Public health reform

Strengthening and re-focusing the public health function in Scotland



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

Amanda Trolland, Scottish Government