Minutes & Actions

Meeting: **Public Health Reform Oversight Board**
Date: Wednesday 24 April 2019, from 9:45am to 12:30pm
Location: St. Andrew's House, Regent Road, Edinburgh EH1 3DG

1. ATTENDEES / APOLOGIES

1.1. See list at Annex A.

2. WELCOME, INTRODUCTIONS AND OPENING REMARKS

2.1. John Wood welcomed everyone to the eighth meeting of the Public Health Reform Oversight Board. Apologies were noted – please see Annex A for further detail.

2.2. Attendees introduced themselves in the round and the minutes of the previous meeting were approved as an accurate record of the meeting.

2.3. The Chair gave a very brief update in his opening remarks on the revised vesting date for PHS of 1 April 2020. While the delayed vesting date was disappointing, it also presents opportunities, for example around a cleaner fit with the new financial year.

3. SLIDE PRESENTATION: SPECIALIST PUBLIC HEALTH WORKFORCE ARRANGEMENTS COMMISSION (PAPER 2.1)

3.1. John Wood updated Board members on progress on this commission and invited Dona Milne to give a presentation which outlined the process to date and covered the draft conclusions from the report.

3.2. DM began by highlighting that the process had featured a very high level of engagement with a lot of constructive conversations. DM then outlined the remit of the Commission and the process that had been undertaken to decide which bits of the public health workforce were within and out with the scope of this commission. Although the timeline was challenging, she felt it was helpful because it helped to focus minds on the task.

3.3. The challenging part had been turning attention to the options for organisational change. At this point, there does not appear to be enough evidence which supports a wholesale structural change in the specialist public health workforce. Instead, the evidence supports a phased approach which starts with option 3 (enhanced version of the current model, with staff remaining in NHS Board and Public Health Scotland, once established). There is a shared understanding that this approach needs to lead to a coherent public health function within the next three years. Work to enhance the current model should start in year one, with a phased approach over the following two years.

3.4. The leadership role within PHS should be developed to support the whole system more effectively. Whilst using evidence and other skills are important in public health

practice, more work is required on building and maintaining relationships with this being seen as a core skill. A local performance framework to measure the impact of the Public Health Priorities may be a good idea.

3.5 It was also stressed that PHS staff shouldn't just be working at national level. There should be a more regional and local dimension to their work. DM emphasised the need to manage our public health resource more effectively although recognised that reform of the specialist public health workforce would be challenging and have a big impact on staff.

3.6 An open discussion followed DM's presentation. The report was welcomed and it was noted how timely this work was. There was a recognition that the process that was followed was exemplary, with the peer review process receiving particular praise, and that the work had a very broad appeal which resulted in lots of valuable comments. It was felt that this paper dovetailed well with the Whole System paper (due to be discussed next).

3.7 The paper represents a progressive change agenda which will challenge the Scottish Directors of Public Health – it was noted that change is now the prevailing view among the Scottish Directors of Public Health group and that this process needs to be well managed. The specialist public health workforce should be a highly respected, highly remunerated group of staff. It was felt that we shouldn't pick and choose the recommendations, but they should be accepted in their entirety. There was a concern that there wasn't more recognition of the environmental health workforce as their profession is crucial to public health and they are facing challenges around sustainability of their workforce.

3.8 It was felt that the process undertaken had been a catalyst. One view expressed was that the Director of Public Health function should be a shared responsibility between the NHS and Local Government. The parallels with the role of IJBs and the Chief Officer role were recognised. There was concern around the language in slide 10 that *"the status quo has not been successful in delivering the level of improvements that we want"*. It was noted that due to concerns around workforce capacity in public health that it would be good to have a sense of public health workforce numbers as it is highly likely that we would need that information in the future. A point was also made that the remote and rural aspects of the workforce don't feature clearly enough in this report.

3.9 Board members were keen to see a copy of the draft commission conclusions as soon as possible before the report goes to the Programme Board for approval on 2 May. MB confirmed that the report outlines the direction of travel and agreed to circulate a copy of the conclusions and recommendations to Board members this afternoon, providing an opportunity to comment by Friday 26 April prior to the paper going to the Programme Board for approval.

Action: Secretariat to circulate the draft conclusions and recommendations section of the Specialist Public Health Workforce Commission to PHOB members requesting comments by Friday 26 April.

4. ENABLING THE WHOLE SYSTEM TO DELIVER THE PUBLIC HEALTH PRIORITIES (PAPER 2.2)

4.1 The Chair invited Eibhlin McHugh to give a presentation on enabling the whole system to deliver the Public Health Priorities.

4.2 EM highlighted that underpinning the Public Health Priorities is the need to work more effectively together as part of a whole system approach. Whole system working can be defined as applying systems thinking and tools that enable: "*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*."

4.3 To build on the definition, a set of nine core characteristics have been developed to reflect a whole system approach (WSA). A WSA has many similarities with effective partnership working. However, what sets it apart and adds value is the adoption and application of complex systems thinking, methods and practice to both understanding the problem and to support identification and testing of actions to address the problem. It also embeds an ongoing and reflective cycle of learning. It recognises that system change is a long-term endeavour, often delivered through incremental steps and collaboratively with many partners. Work is underway to identify and work with early adopters of the WSA at both a local and national level. This will involve testing new ways of working and sharing learning. The long-term ambition is to see the wide adoption of a WSA to support collaboration on Scotland's Public Health Priorities and action to improve healthy life expectancy and reducing inequalities.

4.4 A workplan will now be developed to support the implementation of the early adopters and to create the conditions to strengthen the contribution of the specialist public health resource in local partnerships.

4.5 An open discussion followed. The key issues that were raised included the need to consider the creation of a learning network similar to that used by the Early Years Collaborative to disseminate and share learning from the early adopters; the need to nurture learning across the whole system; the critical importance of ensuring that collective leadership practice is nurtured and supported to enable leaders to address complexity and aligning the whole systems work with that of the Community Planning Improvement Board. The approach to developing a performance framework should incorporate the measures currently used by Community Planning Partnerships in the Local Outcome Improvement Plans as well as measures that will help us to understand progress on strengthening collaboration in partnerships. Caution was expressed around the potential limitations of the early adopters approach and the need to maintain a focus on national direction given the scale of the challenge that we're addressing.

4.6 The issue of where the whole system work sits and its governance was raised. EM confirmed that the Whole System Work is not a programme; it sits alongside the Programme Board. It is sponsored by the Scottish Government and COSLA. It would be helpful if a future PHOB meeting considered its governance arrangements as we move into this next stage of activity.

4.7 The Chair outlined the next steps. EM would take the comments on board and align those with the comments on the Specialist Public Health Workforce Commission.

5. UPDATE ON PUBLIC HEALTH SCOTLAND

5.1. MB gave a brief update on progress on establishing Public Health Scotland.

5.2 The focus has been on finalising the Target Operating Model following a very useful discussion at the last PHOB meeting in February. There will be a pragmatic section on what day 1 of the new organisation will look like, alongside a more strategic section on the medium to long term. There will be a small number of directors on day 1 which reflects an ambition to be flexible for change. There has been an extensive process of engagement with staff and the TOM will be approved shortly.

5.3 We now have formal approval from the Cabinet Secretary for Health and Sport to delay the vesting date of PHS to 1 April 2020. The PHS consultation is still delayed pending Ministerial approval. In principle, the consultation will be shared with PHOB members for review prior to publication, but there is a risk that this would further delay publication which would have a knock-on effect in terms of SGLD capacity. **(Note - the Consultation was published on 28 May 2019 and will be live for a period of six weeks, closing on 8 July 2019.)**

6. DATE OF NEXT MEETING

6.1. The Chair advised that the date of the next meeting would be confirmed in due course.

Action: Secretariat to confirm date of next meeting.

ANNEX A

LIST OF ATTENDEES / APOLOGIES

Attendees

Jeff Ace, NHS Dumfries and Galloway
Professor Marion Bain, SG
Angela Campbell, SG
Julie Cavanagh, Faculty of Public Health Scotland
David Crichton, NHS Health Scotland
Andrew Fraser, NHS Health Scotland
Sarah Gadsden, the Improvement Service
Fiona Garven, Scottish Community Development Centre
Ruth Glassborow, Healthcare Improvement Scotland
Malcolm Graham, Police Scotland
Derek Grieve, Interim Head of Health Protection Division, SG (co-Chair)
David Lynch, Dundee Health and Social Care Partnership
Liz Manson, Scottish Community Planning Network
Mark McAteer, Scottish Fire and Rescue Service
Eibhlin McHugh, SG
Liz Sadler, SG
Angela Scott, Aberdeen City Council
Colin Sinclair, NHS National Services Scotland
Claire Stevens, Voluntary Health Scotland
Professor Carol Tannahill, Glasgow Centre for Population Health
John Wood, COSLA (co-Chair)

Support/Observers

Asif Ishaq, SG
Robert Girvan, SG
Emma Kennedy, COSLA
Dionne Mackison, SG
Steven Manson, SG
Mark McAllister, SG
Dona Milne, NHS Fife

Apologies

Ian Cant, NHS National Services Scotland
Richard Foggo, SG (co-Chair)
Robert Packwood, SG
Sir Lewis Ritchie, SG
Quentin Sandifer, Public Health Wales
Duncan Selbie, Public Health England
Robert Skey, SG
Gregor Smith, SG
Amanda Trolland, SG
Billy Watson, Scottish Association for Mental Health