Third Sector and Public Health Reform

VHS note of meeting held 18th October 2018

Attendees

(List shows attendee's organisation and also role in public health reform programme)

Eibhlin McHugh, Scottish Government – Executive Director, Public Health Reform
Mark McAllister, Scottish Government - Communications, Public Health Reform
Claire Stevens, VHS – Public Health Oversight Board; Protecting Health Commission
Fiona Garven, SCDC – Public Health Oversight Board
Susan Paxton, CHEX (SCDC) – Programme Board; Improving Health Commission
Alison Christie, CCPS – Leadership for Public Health Workforce Development Commission
Joanne Adamson, Macmillan – Improving Services Commission
Steven Marwick, Evaluation Support Scotland – Leadership for Public Health Research Commission
Ella Simpson, EVOC – Specialist Public Health Workforce Commission
Anna Fowlie, SCVO
Allan Young, SCVO
Gregory Hill-O'Connor, The Alliance
Kiren Zubairi, VHS

Invited but unable to attend

Billy Watson, SAMH – Public Health Oversight Board
Ruth Gallagher, East Renfrewshire TSI – Whole Systems Steering Group
Irene Oldfather, The Alliance – Improving Services Commission

Public Health Reform programme update

1. After introductions, Eibhlin gave an overview of the programme, which is co-led by the Scottish Government and COSLA. Engagement of the third sector is absolutely key. Coalescing a wide range of views from across and outwith public health and the public sector is a major challenge, but the shift in conversations is starting to happen. Third sector involvement is playing a part in this.
2. The programme has three high level outcomes:

- New national body – Public Health Scotland (PHS), which will support public health efforts at the local and national level
- Implementation of the new national public health priorities
- A whole system approach with a stronger focus on socio-economic determinants of health.

3. The seven Commissions are responsible for big thinking around the outcomes and recommendations for PHS to take forward as well as providing a space for different perspectives to come together and allow for a change in culture and thinking. They are short-term and now moving towards their final stages of production; outputs will be delivered by the end of 2018 but learning and development has been critical part of the process.
4. Ownership of the national public health priorities needs to lie across and beyond the public sector. PHS will have a role to operationalise the priorities. There will be a strong focus on Community Planning Partnerships as enablers of change and because they provide existing local infrastructure. A key question will be the scale of ambition, hence a whole system, long-term (10 years+) approach to the priorities.

Overview of Governance structure of the reform programme

5. Public Health Oversight Board (PHOB) – meets quarterly to give advice and guidance on the development of the programme and is made up of stakeholders from across the system (including FIONA, CLAIRE, BILLY)
6. Programme Board – responsible for the management of the programme and directs the work around setting up PHS. It meets monthly and passes key decisions on to the PHOB for advice. (SUSAN inputs community development perspective)
7. Whole Systems Steering Group –tactical group to direct work for whole system. It currently answers to the PHOB but will go on beyond the reform programme (RUTH is third sector voice).
8. Policy Group – Asif Ishaq, Public Health Policy Lead at the Scottish Government leading work across the government to establish a whole systems approach to the public health priorities
9. Commissions – seven main Commissions: Improving Health (SUSAN), Protecting Health (CLAIRE), Improving Services (JOANNE, IRENE), Leadership for Wider Public Health Workforce Development (ALISON), Underpinning Data and Intelligence/Leadership for Public Health Research, Innovation and Applied Evidence (STEVEN), Specialist Public Health Workforce (ELLA).
10. Projects – various: working on estates, IT, HR, branding, identity and corporate services for PHS. Plus an eighth Commission on Organisational Development.
11. More information on the Knowledge Hub and Public Health Reform website - https://www.khub.net/group/public-health-reform-events/group-library and https://publichealthreform.scot/

Third sector experience and opportunities to date

The meeting moved to attendees sharing their experiences and insights into the reform programme to date, as well as posing questions to Eibhlin. Points of information and discussion highlighted below.

12. Health Protection Scotland, Information Statistics Division and NHS Health Scotland will no longer exist separately. They will be pulled together into PHS as a new Special Health Board. The Chair and CEO will be recruited openly (Public Appointments etc).

13. PHS core workforce will be predominantly health at onset but there is an expectation that new people from the wider public sector and beyond will become part of the workforce. The change management process is being designed to set a new culture from the start (through the work of the Organisational Development Commission, for example). Anna pointed out to Eibhlin that a new culture will not be embedded and sustained if posts designed to bring in non-NHS expertise (including third sector) are on short term secondment/contract basis only.

14. Third sector experience of Commissions to date included:
    - Improving Services Commission: four meetings in, the impression is that they are still forming (not yet norming). There is still a lot of discussion around definitions; public health consultants are being somewhat precious about their roles.
    - Being on a single Commission has only given me part of the picture; today's discussion is helpful in filling in the bigger picture
    - Wider Workforce Commission: having attended only one meeting the impression was an action focused discussion but with a great deal of jargon and terminology that is alien from a third sector perspective. Despite the Commission's remit the focus was mainly the core public health workforce. I will be able to contribute more once they focus down on this and they seemed open and receptive to the wider workforce and how to involve them.
    - Protecting Health Commission: three events attended; some health protection consultants very resistant to the need for reform at all. CPP colleagues allied with third sector in championing the opportunities that the reform programme offer for increased community involvement in health protection
    - Improving Health Commission: is embracing the opportunity for health improvement to work differently in future. Planned stakeholder questionnaire is not third sector friendly (despite efforts) so CHEX/VHS to organise a third sector round table as additional contribution to stakeholder engagement. Tuesday 27th November, details tbc.

15. Eibhlin explained that the new Commission on the specialist workforce should enable the wider workforce Commission to focus firmly on its brief and assure the core public health workforce that their roles are equally important. Noted that two separate Commissions on workforce risks the workforces as being

seen as separate entities. Noted that the third sector does not describe itself as 'the wider public health workforce' – this is a term NHS uses to describe anyone who is not NHS public health workforce.

16. The leadership role of the Chief Executive of PHS questioned, given the extent of the preliminary work underway. Eibhlin explained that the Commissions will only take these activities to a certain point. By 1st April 2019 Public Health Scotland will be a legal entity but it will not be operational at that point. The Chief Executive should be in post by June 2019, enabling PHS to become fully operational by 1st December 2019.
17. Third sector agreed that recruiting a board for PHS that is diverse is very important.
18. Attendees pointed out that the Wider Public Health Workforce is a term routinely used by the core public health workforce and NHS but is not a term recognised by third sector and is not one we apply to ourselves: our language and understanding are very different.
19. Eibhlin acknowledged this and explained that the workforce moving across to PHS is understandably anxious about the reform programme and its impact on their roles, job titles, status and where they will sit in the new body. This is a big challenge to address and continues to be a major focus of attention.
20. Responding to this, it was felt that the reform programme must focus very overtly on how the necessary culture change will happen. Need to identify what needs to be done but also what needs to stop happening so that when people shift over to PHS they do not see it as simply rebranding what they were previously doing.
21. Susan highlighted that health improvement is a topic viewed through a wide lens so her Commission is working really well and is involving, not resisting, wider perspectives.
22. Steven highlighted the importance of being seen as authentic third sector voices on the Commissions without giving the false impression of being representatives of our sector, which we cannot be. Everyone agreed that our role is to offer our particular third sector perspective, knowledge and experience.
23. Fiona added that the SCDC/CHEX role is to contribute a community development perspective. Ella explained that her appointment to the Specialist Workforce Commission is because of her experience and expertise in community planning, rather than as a specifically third sector voice.
24. Highlighted that we all have membership base and/or networks that some of us are already using as a vehicle to raise awareness and share information about the programme. Opportunities include the Third Sector Health and Social Care Collaborative (which Claire has kept informed) and the Health Inequalities Learning Collaborative (a partnership between NHS Health Scotland and the third sector).
25. Fiona warned against using up smaller/community organisations' limited capital by trying to engage them in developments too early; the time to engage them most effectively will be further down the line when there is something concrete and practical for them to get involved in.

Third sector engagement event

26. Event being organised by Scottish Government and SCVO, Wednesday 14th November, at The Dovecot, Edinburgh. Registration on Eventbrite; capacity 60 delegates.
27. Mark outlined the ambition and vision: to raise third sector awareness about public health reform and address any questions; and to create space to discuss what is important to third sector across the wider system and the contribution third sector would like to make.
28. In discussion, there was agreement that the event:
    - Needs to incorporate discussion of 'what does public health meant to you?' early on, as there will not be shared knowledge or understanding. Start with that, not with a presentation about the public health reform programme.
    - Needs to avoid lots of talking heads.
    - Needs to explore what the benefits to the third sector are of engaging with the reform programme; how will service users and other beneficiaries benefit?
    - Should reclaim and redefine the territory of public health (and the wider system) in third sector terms: we seldom talk about 'public health' or our contribution to 'public health'; third sector language is about health, wellbeing and poverty and what we are doing about those. Framing the discussion in our own terms will lead to more effective discussion and outcomes.
    - Should not pose too many 'asks' of the third sector: create and leave space to listen and reflect, to enable full exploration of opportunities/challenges, especially concerning the 'wider system'.
    - Should use the national priorities as an anchor throughout the event.

Conclusions/next steps

29. Agreed that it would be useful to reconvene for another meeting early next year. As VHS had hosted this one, it was agreed CHEX would host the next one (Glasgow).
30. Everyone has everyone else's contact details, so is encouraged to keep in touch, send updates/ask for help etc as needs be meantime.