

**NHS Health Scotland**

**Minutes of the Board meeting held at 10.30am on  
Friday 16 February 2018  
in the Boardroom, Gyle Square, Edinburgh.**

**Present:** Mr D Crichton (Chair)  
Mr M Craig  
Ms C Denholm  
Dr A Fraser  
Ms A Jarvis  
Ms J-C Judson  
Mr P McColgan  
Ms M McCoy  
Mr G McLaughlin  
Mr R Pettigrew  
Dr P Stollard

**In attendance:** Mr S Bell  
Mr G Dodds  
Mr A Patience  
Ms D Thomas  
Ms M Kerrigan (Minute)  
Ms C Combe

**Welcome**

The Chair welcomed two members of the public to the meeting.

**1. Apologies**

Apologies were received from Ms Rani Dhir.

**2. Declaration of Committee Members' Interest**

No members' interests were declared.

### 3. Minute of previous meeting: 24 November 2017

The minute of the previous meeting held on 24 November 2017 was agreed as an accurate record subject to the following amendments:

#### ***Page 2, Q2 Report***

Point 3 should read:

- Additional resource needs to be applied to risk assessment in relation to choices and prioritisation

Point 4:

- replace the word “risks” with “activities”.

Sentence commencing “The Board”

- replace “noted” with “welcomed”

#### ***Page 3, under Healthy Working Lives, para 4:***

Delete 3<sup>rd</sup> point:

- “There needs to be consideration of potential income generation”

Under “in discussion” it was agreed a new bullet point would be inserted:

- the potential for income generation for example through social enterprise should be considered in the future.

#### ***Page 4, first sentence - Planning Update*** to be amended to read:

After the word “context” insert “in relation to the strategic planning paper”

#### ***Page 4, Item 7 – Planning Update***

First paragraph, second last time, replace “progress” with “process”

#### ***Item 8 – Health & Social Care Delivery Plan Implementation***

Replace “Comms” with “Communications”

It was agreed this minute, with the updated changes, be reissued with the papers for the next Board meeting.

**(Action: MK)**

#### 4. Matters Arising (Action List)

##### ***MUP Evaluation Update***

Dr A Fraser gave an update, highlighting that a paper would go before the Health Governance Committee on 8 March.

##### ***Q3 Report***

It was agreed to circulate electronically the Q3 report for comment with a covering narrative that highlights any particular issues the Executive Team wish to bring to the Boards attention. This would come to the Board in March for final approval.

**(Action: CMD)**

This item will be on the agenda for the next meeting.

**(Action: MK)**

#### 5. Health and Social Care Delivery Plan Implementation

The Board reflected on the discussions that they had at the 1 December 2017 and 2 February 2018 Board Seminars. Further to the December Board Seminar (which was attended by Mr R Skey and Ms M Bain from the Sponsor Division and the Public Health Reform Team, SG), the Boards' steer to appoint the new Chair and Shadow Board for the new Public Health organisation as a matter of urgency has been further passed on to the Public Health Reform Team and COSLA.

The values and principles that have been important in the governance and success of the Health Scotland Board have also been passed on to the Public Health Reform Team and COSLA. In more recent years, these values and principles have underpin the skills and expertise for the appointment of Health Scotland Board members as opposed to for example sector specific representation. These values and principles are as follows:

- Human rights based approach and the application of the principles of participation, accountability, non-discrimination, empowerment and legality (PANEL) to underpin our 2017-22 Strategic Framework.
- Reducing health inequalities, particularly focusing on the upstream causes.
- Collaboration with local government, third sector, NHS and other partners.
- Focus on outcomes and measurable impact, with practical demonstration of action of what works.

- Sense of “independence” of voice and position, in order to influence and challenge policy effectively, from an evidence informed perspective.
- Clarity of communication and language, to make our messages and engagements as accessible and meaningful as possible.
- Commitment to quality and improvement, shown through our focus on “Knowledge into Action” and through the EFQM model of business excellence.
- Staff participation and involvement, including our very practical and real commitment to working in partnership.

The Board also reflected on previous sessions at the 1 December 2017 and 2 February 2018 Board Seminars, when the governance of the national Boards Shared Services collaborative work was discussed. The 2 February Seminar received confirmation that there would be no further Ministerial direction, with the duty to cooperate already explicit in the NHS (Scotland) Act 1978, section 12J and the revised Act of 2004. The Health and Social Care Delivery Plan (2016) builds on this with a specific reference to Boards collaborating together in section 33 under NHS Board Reform section.

The Board agreed that we are committed to the principle of collaboration and the movement towards national shared services, improvement and efficiencies.

It is still unclear how this affects the governance and scrutiny responsibilities of individual Boards. The Board therefore wished to pass on a formal mandate to our Chair to work with other national Board Chairs to consider collaborative governance arrangements.

The Board requested that the latest draft of the National Boards Collaborative Plan would come to 23 March Board meeting with an overview of how this connects with the Health Scotland draft Delivery Plan and the need to consider the linkage between the National Delivery Plan and the Public Health Reform agenda.

**(Action: GMcL)**

The Board asked about the non-executive role in governance of the Health and Social Care Delivery Plan, the shared services agenda and the new public health organisation. How is a wider and diverse view and scrutiny included? It was agreed that more would be found out about these arrangements.

**(Action: GMcL)**

The Board noted that the Executive Team and other Health Scotland staff are putting forward ideas and views on different aspects of the public health agenda and aspects important for the new public health organisations. These “think pieces” have been submitted to the Public Health Reform Team and recently shared with the Board.

The Board highlighted the need to share this narrative and learning in the public domain to demonstrate our commitment to including our experience, our priorities and our lessons learning with others.

**(Action: CD)**

The Board discussed the changes and transition for their Health Scotland Board governance role and the connections with legacy, staff and financial governance in transition.

It was requested that a plan for governance transition be brought to the 23 March Board Meeting. This would include governance issues associated with the new public health organisation and the national shared services agenda as well as reviewing frequency of Board and Committee meetings, membership and content of meetings.

**(Action: DT)**

## **6. Chair’s Report (HS Paper 1/18)**

The Chair highlighted that the positioning and understanding of public health has been much higher on the agenda with the Board Chairs and the Cabinet secretary meetings.

The report was noted.

## **7. Chief Executive’s Update (HS Paper 2/18)**

The Chief Executive highlighted the series of engagements he attended with each of the directorates in relation to the new Public Health Body. The feedback had been very positive, and he indicated it is hoped to run another round later in the year.

The update was noted.

**8. Events Update  
(HS Paper No 3/18)**

The Events Update was noted.

**9. Committee / Forum Minutes for homologation  
Partnership Forum: 29 November 2017**

The Partnership Forum minute was noted.

**10. Any other business**

A proposal that all future papers coming to the Board should have a section on transition implications was agreed.

**11. Date of next meeting: 23 March 2018**