HS Paper 35/18

Board Meeting: 23 November 2018

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CHANGE AND TRANSITION BOARD UPDATE (NOVEMBER 2018)

Recommendation/action required:

The Board is asked to:

- Discuss the attached summary update report on Change and Transition
- Consider whether any issues require further information or action.

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15 November 2018

CHANGE AND TRANSITION BOARD UPDATE

1. Purpose of Report

The purpose of this report is to update the Board on progress with change and transition, including public health reform and the National Boards Collaborative.

The report covers significant external developments and internal change processes, under the three themes of the Change Oversight Group; due diligence, future landscape and engagement.

2. External Developments

- Recent meetings of the Public Health Reform Programme Board have focussed on the progress of the Commissions and the supporting arrangements Projects. Four new projects have been initiated around the development of Public Health Scotland; corporate IT, corporate services, accommodation, and data science.

- The Public Health Oversight Board met on 25 October. Topics included the public health priorities, taking forward the whole system approach and the development of Public Health Scotland. A one day event for PHOB members and other stakeholders is planned for 24 January using external system design expertise to inform the development of a whole system work plan. The intention is to present a detailed whole system work plan to PHOB by the end of April.

- The Whole System Reference Group (WSRG) met on 2 November. The group discussed the breadth of approaches being taken to managing change in a complex environment. This included a presentation from George Dodds on learning from the Fairness Commissions and their role as a driver in aligning resources across partnerships towards local priorities and in creating momentum for change. Consideration was also given to the role of technology in change and innovation and the role and practical arrangements surrounding Community Planning Partnerships.

- The PHR Team has been engaging with national and local stakeholders around realising the Public Health Priorities. This includes a number of participative events, at which we have been well-represented. We have used the opportunity to promote taking a rights-based approach to public health and using a Knowledge into Action framework.

- The PHR Team held a workshop on 14 November with third sector stakeholders with the aim of "Developing a shared ambition for the third sector". Pam Duncan-Clancy attended the event and has reported that while the sector feels that they have been engaged with to a point, they do not feel involved as equal partners. The delegates were positive about the Public Health Priorities but reported feeling that their role in realising the PHPs has not been fully recognised. The feeling is that the sector is seen largely as a

route to communities, not as delivery partners or as key advocates for the public's health at a strategic level.

- The National Boards Collaborative Programme Board met on 13 November. Gerry McLaughlin will provide a verbal report of pertinent issues.

- Work continues on the four key areas identified by the Collaborative for the sharing of services – human resources, finance, estates and facilities, and procurement. Target Operating Models (TOMs) are being developed in each of these four areas, which will set out how the service could best be delivered. We are represented on the groups developing the TOMs, as well as on the other shared services workstreams such as communications, organisational development and planning and performance. Cath Denholm also met recently with the Programme Director for the National Board Collaborative, to ensure linkage between the TOMs and the PHR Corporate Services Project.

- The Scottish Faculty of Public Health conference took place on 1 and 2 November. The event focussed on public health ethics and the right to health. The plenary session David Crichton and Cath Denholm led around taking a rights-based approach to public health was well-received in general and aligned well with the Minister for Public Health's opening remarks. This and other opportunities recently have been used to continue to promote the call for Public Health Scotland to be established with a rights-based approach at its heart.

- Gerry McLaughlin has joined the Public Health Reform team senior management team and has attended a number of meetings.

Implications

The conversation with the public health community about taking a rights based approach will need to continue for the years ahead. Public Health Scotland may wish to broaden the narrative from the Right to Health to the other social rights:

- the right to an adequate standard of living,
- the right to adequate housing, and food
- the right to education
- the right to social security.

We are also very aware that our role is as much to encourage others to see the value in promoting this approach for public health, as to continue to advocate directly and in our own right.

The discussions at the third sector stakeholder event resonate with issues we have been highlighting for some time through various routes. We are planning to have a strategic discussion on the issue at a forthcoming CMT in order to agree a way forward. We may be able to leverage NHS Health Scotland's good relationship with third sector stakeholders to support improved two-way communication, engagement and involvement between the third sector and the public health reform programme.

3. Due Diligence

- The financial Due Diligence work is focussing on three elements:
  i. NHS Health Scotland: an audit trail is being conducted through allocation letters and audited accounts.
  ii. Public Health Intelligence: a report is being compiled based on 17/18 audited accounts of NSS noting the income and costs of PHI as a business unit of NSS.
  iii. Corporate services currently provided by NSS to PHI which will need to be listed, assessed in finance terms (e.g. estate occupied by PHI), then agreement reached on how the corporate service is to be provided to the new body.
- In addition to financial due diligence and the ongoing work around cataloguing our equipment and other physical assets, we are also giving consideration to our intangible assets. We have written a paper setting out our ways of working as an organisation that are assets that need to be recognised and explicitly taken with us into Public Health Scotland. This includes our approach to, human rights, stakeholder engagement, knowledge into action, policy advocacy and influence, leadership and partnership.
- Following the issuing of the HR project brief, joint discussions with HR in NSS have enabled the development of a joint approach to the collection and collation of data. It is envisaged that the work can be combined to prevent duplication of effort. It will also ensure a consistent approach to compiling this information.

Implications

Financial due diligence is currently a priority, with regard to clarifying the resource available to PHS.

With the HR project underway and the Accommodation and Corporate Services projects about to begin, the impact is starting to become more tangible for staff. We anticipate significant work keeping staff informed and engaged, especially around questions that relate to “what does it mean for me?”

4. Vision for the Future

- The eight Commissions are progressing apace, with NHS Health Scotland involved in them all (please see Table 1 below). The Commission are scheduled to report by the end of the year and many are now engaging staff and external stakeholders in their work.

- Work to take forward the Target Operating Model (TOM) for Public Health Scotland has commenced with Tim Andrew, Organisation Lead for Change Support, leading the work on behalf of the PHR Team. The draft product description will be discussed at the PHR Programme Board meeting on 27 November. Activities to date include:

  - Agreeing the broad contents of the TOM and discussing it with Commission Leads

- Hearing the reflections of Food Standards Scotland on their use of a TOM
- Liaising with the Public Health Reform Staff Communications and Engagement Group on stakeholder and staff engagement on the TOM in the new year

- Please see Appendix A for the updated timeline of the creation of Public Health Scotland.

Implications

Work pressures on staff involved in commissions remain significant (see Resourcing Change below).

Interaction between the Commissions to avoid duplication and overlap is now stepping up, partly at our own instigation.

Table 1: Update on Public Health Reform Commissions

Commission	Lead Organisations	HS Sponsor Director/Lead Contributor	Update
Improving health	- NHS Health Scotland - Integration Joint Board Chief Officers Group	- Cath Denholm - Matt Lowther	The group is continuing to engage with stakeholders to inform the customer requirements deliverable. This includes conducting in-depth work with the Scottish Health Promotions Managers group and developing content for inclusion on the Public Health Reform website. The group secured the opportunity to engage with public health stakeholders at a lunchtime session of the Faculty of Public Health conference, which was shared with other Commissions.
Protecting health	- National Services Scotland (NSS) - Scottish Directors of Public Health	- Andrew Fraser - Phil Mackie	The two day workshop held in August with the Project Board and Strategic Advisory Group has progressed the development of options for discussion. Improvement proposals are being worked up under the following themes: leadership, resilience, relationships, connectedness and innovation. While advancing the Commissions work, this has also surfaced some sensitive areas for further discussion.
Improving services	- NSS - Health Service Public Health Group - Improvement Service - Integration Joint Board Chief Officers Group (no co-chair yet)	- Pauline Craig	The group is working through their approach to stakeholder engagement. They have developed a set of slides for group members to use in individual or small group engagements with their stakeholders. The discussions around a shared understanding of what is meant by "health and social care public health" given the wide variation in broader stakeholder language, understanding, views, perspectives and opinions about the HCPH 'function' continue. Final membership of the group is still evolving. A Medical Director has been nominated and will attend the next commission meeting; however,

			nominations for someone with a planning/commission role at Regional/IJB level and from the Alliance are outstanding.
Underpinning data and intelligence	- NSS - NHS Health Scotland - Improvement Service	- Andrew Fraser - Diane Stockton - Gerry McCartney	Work is ongoing to develop scenarios for tailored stakeholder engagement, via the seven themes identified by the group, including wider relevant workforce and planning for impact. A number of workshops have been held to develop thinking for Deliverable 4 and Deliverable 5, and further working sessions are being scheduled to accelerate progress of these areas of work.
Leadership for public health research and innovation	- Facilitated workshops undertaken by Scottish Public Health Network (ScotPHN)	- Andrew Fraser - Phil Mackie	The Short Life Working Group (with representatives from academia, public health, Scottish Government, the third sector, and the Improvement Service met on 25 September to discuss emerging themes from the August stakeholder event. The group is now drafting options for the October stakeholder engagement event. The August workshop questions were accessible for engagement via an online questionnaire up to 24 October 2018.
Leadership for the broad public health workforce	- NHS Health Scotland - NHS National Education for Scotland - Improvement Service	- Andrew Fraser - Wilma Reid	The PHR Team has reiterated that the Commission is to focus particularly on the wider workforce as opposed to the core workforce. A representative from the Third Sector has joined the project team. The group engaged with a number of key UK stakeholders through the People in UK Public Health group in September, including Public Health England, the Royal Society for Public Health, and the Northern Ireland Public Health Agency.
Workforce of the new body: organisational development	- NHS Health Scotland - NSS	- Cath Denholm - Jim Carruth	The project team has completed reviews of where NHS Health Scotland and PHI are now, recent mergers and the literature on organisational values. They have held a successful planning day and agreed questions to ask external stakeholders. Staff engagement sessions are taking place in November.

Optimising specialist public health workforce arrangements	Dona Milne (Director of Public Health, NHS Fife) and Maggie Sandison (Chief Executive, Shetland Islands Council)	- TBC	The leads have been announced, the project group has been established and a plan is being produced. A wider expert group is being established and representation from across the whole system will be invited to join.

Table 2: Update on Public Health Scotland Supporting Arrangement Projects

Project	**Lead**	**HS Sponsor Director/Lead Contributor**	**Update**
HR for the new body	- Kenny Small, NHS Lanarkshire	- Cath Denholm - Jim Carruth - Shonaidh Dyer	A steering group is being established, along with terms of reference. Members will be asked to define the deliverables and develop a timeline. The Project Team is planning a scoping workshop with the steering group and staff representatives from NSS and NHS Health Scotland. The purpose of this will be to start to develop the information required to describe the current situation with regard to the corporate HR arrangements (including policies, procedures, systems, software, storage, Occupational Health and other HR services).
Budgets and financial management	- Public Health Reform Team (Finance Project Team)	- Andrew Patience	The project initiation document is being revised by the Finance Lead which will outline the work required to identify the needs for PHS. The revised PID will be submitted to the November programme board for approval.
Governance and accountability	- Public Health Reform Team	- TBC	The Chair should be appointed at least six months prior to the vestment of Public Health Scotland in December 2019, followed by the Chief Executive and Board members. The Project Team has successfully met with Public Appointments

			and NHS governance colleagues and completed the second draft of the Chair application pack. The Chair assessment panel has been identified and Ministers have been informed. The Public Appointments Commissioner has been contacted around expediting the appointments process.
Legislation	- Public Health Reform Team	- N/A	Initial policy instructions and parliamentary handling advice have been drafted and are awaiting Scottish Government Legal Department input. A public consultation has also been drafted, which will be live for six weeks. The package of Orders to establish Public Health Scotland should be laid in early 2019, with all functions conferred and the body fully operational from 1 December 2019.
Corporate services	- Cath Denholm, NHS Health Scotland	- TBC	PID approved. Project team being formed. Engagement started with HS staff.
Accommodation	- TBC	- Josephine White	The Programme Board reviewed and agreed the draft accommodation PID at the October meeting. Discussions about the membership of the project team have commenced.
Data science	- Brendan Faulds, NSS	- TBC	The project lead is in the process of agreeing the project's deliverables with the PHR team. Recognition is being given to linkages with relevant commissions and meetings have taken place or are planned with the NHS Health Scotland leads for the Underpinning data and intelligence commission and the Leadership for public health research and innovation commission.
Corporate IT	- Andy Robertson, ABR Consultancy	- Monica Renicks	The Project Team has been established and is completing a series of technical workshops to establish the immediate IT requirements Public Health Scotland will require in order to deliver its functions on vesting day. A Corporate IT Reference Group is being set up to provide direction on strategic roadmaps and future needs.

5. Staff Engagement and Support

- The use of an online system to allow people to ask questions before, during and after the staff information sessions organised by the PHR Team in August and September meant that we could commit to answering every question, not just those discussed on the day. Having worked with the PHR Team and PHI colleagues to agree answers to the questions, we have now published written answers to each of the 59 questions asked on the day. The questions were broad ranging, from "We were promised radical change but so far there is no sign of this. Are you still confident any change will be radical and what will that look like?" and "If we don't achieve World Leader status, will we have failed?" to "Will it get a new building?" and "Will Gyle Square move to hot desks?"

- Interest in Common Grounds continues to grow. We currently have 209 members of staff signed up, 92 of which are from HS and 177 are from PHI. Meeting are continuing to take place and we are currently reviewing the feedback we have received to date to review impact. A reminder to staff will be sent out to both HS and PHI to keep this going as the verbal feedback has been very positive. We are mindful of finding other ways for staff to come together so we are offering different options.

- We are currently piloting Insights Discovery with four teams until December 2018. Two teams have received the training with another two who will receive this November and December. People Development are currently working with the Improvement team on measuring impact of Insights Discovery. A report will be prepared for the Partnership Forum early next year on the impact of the pilot with the aim of seeking commitment to roll Insights Discovery out to all teams across NHS HS next year.

- On 9 November, the Public Health Reform Staff Communications and Engagement Group held a workshop with participants from NHS Health Scotland, NSS, staff side and the Public Health Reform Team to work through staff engagement priorities until 1 December 2019. A key output from the workshop is that senior representatives from NHS Health Scotland and NSS/PHI will co-lead a more formalised group that takes ownership of strategic governance, advice and coordination of communications activity.

- The OD commission has begun engagement with the workforce in NHS HS and PHI via two methods:

    - A short digital questionnaire seeking to find out about what staff feel our current culture is and what they would like the culture of Public Health Scotland to be like. In addition it is also looking at starting to explore the values that we should adopt and embed in the new organisation. The survey was open until 8 November. 639 (58%) engaged with the survey, with 378 (34%) completing it in full.
    - The information will help with the second method which are four face to face sessions being held on Monday 19 November in Glasgow and

Monday 26 November in Edinburgh. The sessions are aimed at providing meaningful opportunities for all staff to contribute to shaping the behaviours, values, culture and ways of working for PHS (including generation of data on both the current and desired state for the future). At the time of writing, 225 people are booked on the sessions (102 NHS HS, 123 PHI). Full capacity for these sessions is 280 in total, aiming to reach 25% of staff.

Implications

Some interesting discussions have arisen recently drawing out the distinctions between staff engagement and formal consultation. The Communications and Engagement Group referred to above will take a lead role in supporting the use of appropriate approaches at the right time.

To date, there has been no staff response in NHS HS or NSS to the publication of the Q&As. Anecdotal feedback is that they were as comprehensive as they can be at this stage. Communications and engagement teams in both organisations are interpreting this as a positive response.

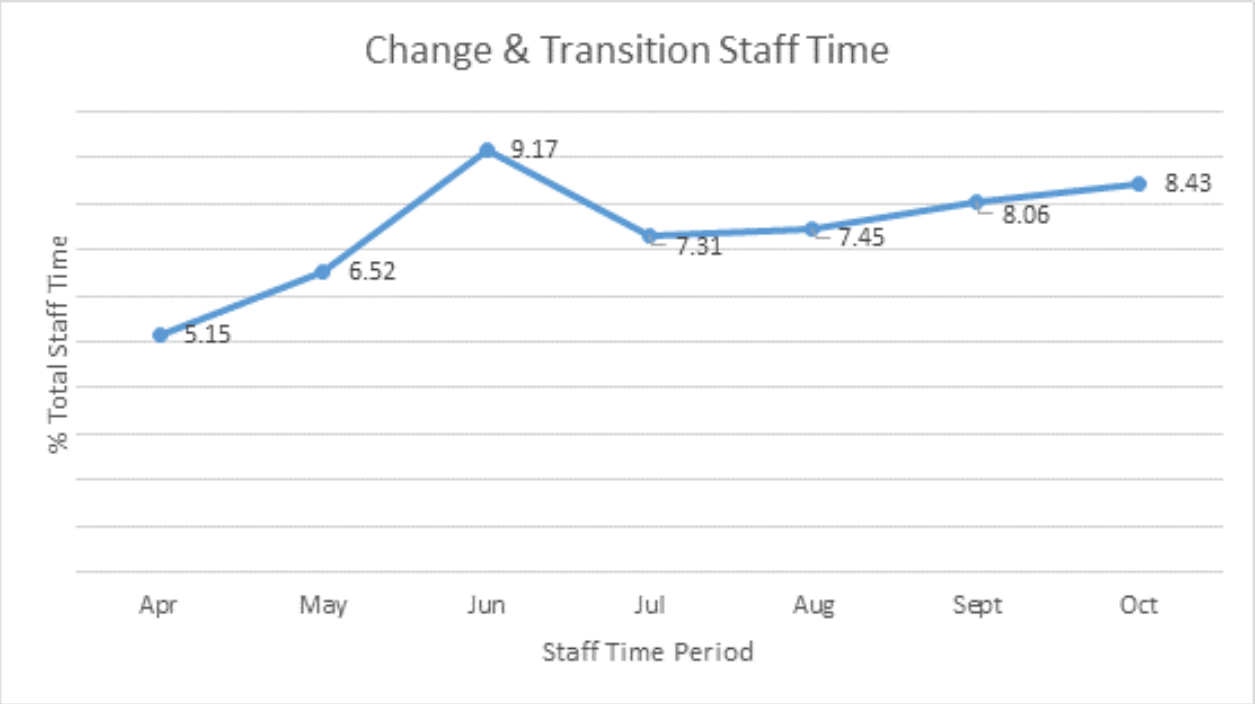
Common Grounds is being well-received by staff, and we will continue to review levels of participation to ensure demand in both organisations is met.

6. Resourcing Change

- As expected, change continues to move apace. We have agreed to put some additional staff resource to work directly with the Public Health Reform Team and CoSLA. The resource for these posts will remain with NHS Health Scotland, but they will deliver work to the wider public health reform agenda.

- Internally we continue to review the resource needed to support change and continue to monitor this demand. For example, in response to an internal promotion in September, a number of staff have been deployed into new part time roles supporting change projects. This is a flexible way of using our resource and giving more staff opportunities to be directly involved in high profile change projects. Allocation to these short term roles is overseen by a sub group of COG.

- As shown in the chart below, the trend for staff time spent on change and transition is showing a steady increase since July 2018.



- It is worth noting that this chart only captures work directly related to change. Time spent on activities caused by change, but not directly related to it such as the increased tempo of recruitment are harder to disaggregate and include.

- Time spent on change and transition is rising particularly for Strategy Directorate staff and senior staff with specific roles in the Commissions.

Elspeth Molony
Organisational Lead for Communications and Engagement
15 November 2018

Appendix A: Timeline

Creating Public Health Scotland: Timeline

Version 0.6, 26-10-18

Understanding the Dates

This timeline is correct as of the day of publishing. The dates on it are based on the best available information and many of them will change.

* dates which we believe to be about right but which we do not have an official source for, e.g. they are not in any PHR Programme Board papers.