



NHS Health Scotland

Minutes of the Board meeting

Friday 23 November 2018 at 10.30am
Boardrooms 1/2, Gyle Square, Edinburgh

Members present:

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

In attendance:

Mr G Brown (Scottish Government) for item 2
Mr R Duncan (Scottish Government) for item 2
Dr P Craig for item 2
Mr A Patience
Ms D Thomas
Ms S Hammell
Ms E Molony
Ms M Kerrigan (Minute)

Observing

Mr L Slaven (Modern Apprentice)
Mr C Anderson (Modern Apprentice)

Apologies

Mr G Dodds

Welcome

The Chair welcomed Mr. Gareth Brown and Mr Roddy Duncan (Scottish Government) to participate in item 2 of the meeting (Self-Assessment). It was noted Dr P Craig was in attendance for item 2, representing Health Equity and Health & Work Directorates.

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

No members' interests were declared.

2. **2017/18 Self-Assessment and At a Glance**

Mr Brown and Mr Duncan, representing the Scottish Government (SG) sponsor division, were welcomed to the meeting.

As this was the final year of NHS Health Scotland as a Board, we have agreed that a proportionate and meaningful approach was not to have a formal Annual Review, but to instead conduct the self-assessment discussion of our work in this public board meeting. We will include any points emerging from this discussion into our future 2019/20 Delivery Plan or consider how these points may be included in wider Public Health Reform and Public Health Scotland work as appropriate. We would expect these to be broadly outlined by our sponsor division in their letter following the meeting.

Mr Crichton highlighted some of the work we are particularly proud of currently, including Adverse Childhood Experiences (ACEs), Place Standard, Burden of Disease (BOD) and Minimum Unit Pricing (MUP). He outlined that the Self-Assessment document has spotlighted two or three examples where we think the work has been less well known and we wanted to bring these areas of work forward. Childhood poverty identifies how we have made a direct contribution to national policy and worked with others in the NHS and beyond to implement. Our Power work has moved the discussion further upstream in an area that is complex and previously hadn't had the same degree of attention as other work streams. The Power animation is just one part of this work. It has been successful in making these complex ideas and issues much more accessible and better understood.

Mr Brown responded by outlining that Scottish Government were content with Health Scotland's work. They particularly welcomed the approach and active contribution Health Scotland has been making to Public Health Reform and the development of Public Health Scotland. Mr Brown highlighted that he had identified some areas that would be helpful to discuss further in response to some of the detail in the Self-Assessment document. Firstly MUP is one of the biggest areas of work in Public Health. Why have Health Scotland not given more emphasis on this in the Self-Assessment? Secondly Health Scotland have highlighted evidence of reach in relation to the Power work, but what impact has this work had?

Health Scotland responded by outlining that the timing for MUP would mean it is certainly a priority in this year's work. Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) and MUP will be one of the most significant areas for our 15 year legacy report. It is challenging to capture the impact of the Power work, but there is

evidence that it has influenced the public discourse and the expectation that something needs to change.

Mr Brown asked follow up questions relating to the planning of future impact and how change on the ground is recorded. He posed a question about the relationship Health Scotland has with SG and the approach Health Scotland might take to the role of critical friend.

Health Scotland responded by outlining that there are different dimensions to impact including changing the public discourse and effecting system change, as well as transactional changes. In the future the measurement of impact might be aided by an agreed definition of the impact sought across a defined timeframe and/or population size. The future discussion in relation to balancing these measures could move us into challenging conversations to agree an approach in relation to universalism, re-distribution, targeting or targeted universalism in order to reduce inequalities. The role of a balanced and diverse Board is crucial in this. We will need a Board where diversity of experience, opinion and background are embraced so the Board can understand when to steer a push forward or a step back.

Mr Brown highlighted how the mental health landscape has changed quite rapidly, and asked how Health Scotland was adapting to this and also how Health Scotland was responding to the Alcohol Brief Intervention (ABI) work now?

Health Scotland outlined the approach to reducing health inequalities at the heart of the evidence base and therefore the Health Scotland strategic direction, being not just about service improvement and delivery, but also whole population health improvement. The opportunities now present for a much more upstream approach to mental health and we are committed to very actively responding to the public health mental priority. We have developed a new delivery commitment for public mental health and we are combining work on suicide prevention and mental health improvement. Our view is that alcohol work needs to move further upstream. That will require further exploration of our current role in maintaining information resources for frontline staff and what the evidence base is for achieving impact through ABIs.

Mr Duncan asked how Health Scotland have managed staff resilience and motivation, particularly during this time of change and transition.

Health Scotland responded by outlining how our iMatter results and focus of our Staff Governance Committee's work on living the values of the staff governance standard reflect real progress.

Mr Craig highlighted that there is a general feeling amongst staff that they can contribute to shaping the direction and sometimes take a lead and he would like to see this growing further.

Mr Brown asked about the environmental impact of the organisation referenced in the At-a-Glance document, particularly the print and publishing figures.

Health Scotland responded by highlighting the climate and sustainability agenda is a big issue for public health in which evidence and advocacy are required. Health Scotland through a small team that includes Scottish Managed Sustainable Health Network (SMaSH), is shaping NHS Scotland's climate sustainability strategy. In house we have secured a reduction in carbon emissions in the production process and ensure our products are 'green'. 67% of our print spend is procured with suppliers who are in the most deprived areas in Scotland. We work with suppliers who pay the Living Wage and support young apprenticeships. We have not only decreased our print costs (+£250K in the past five years) by changing design and product specifications but also 'added value' to end products.

Mr Duncan congratulated Health Scotland and commented that it was very good to see the publications work highlighted and evidenced so positively.

Mr Brown outlined that there were no further areas for discussion and thanked Health Scotland for their contributions to date.

Mr Crichton closed by commenting that Health Scotland have embraced the Public Health Reform changes and welcomed them. We have adjusted our governance processes to seek assurances from a change and transition perspective. Our aim in the next year is to maintain a vibrant organisation with people who are motivated to contribute the best they can to the future and to Public Health Scotland.

Mr Brown, Mr Duncan and Dr Craig left the meeting.

3. **Minute of previous meeting**

The minute of the previous meeting held on 28 September 2018 was agreed as an accurate record.

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

All actions are now complete.

It was noted that the wrong version of the Chief Executive's report had been included with the papers.

Action:

- The correct version to be circulated.

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

Feedback from Public Health Reform Oversight Board (PHROB) and Public Health Reform Programme Board (PHRPB)

PHROB

At the last meeting of the Public Health Reform Programme Board (25 October) there was a presentation on behavioural science in relation to public health, a discussion on whole system working and an update on establishing the new Public Health body.

PHRPB

Resource had been identified to support the reform agenda. A post is being created within COSLA to help shape and develop thinking.

It was reported that much of the work has been proceeding as planned. Most of the Commissions are on track to produce the deliverables they are committed to. The Board recognised at the meeting that the Commissions will identify within their deliberations quite different views.

A piece of work is being undertaken around a Target Operating Model (TOM) for the new organisation which will frame a draft model structure with the Public Health Reform Team and come together with the working draft model for the new body. The Information Technology/Human Resource Commissions have both recruited someone to lead those Commissions.

Change & Transition Update (HS Paper 35/18)

The paper updated the Board on progress with change and transition, including Public Health Reform and the National Boards Collaboration.

Ms Denholm indicated that there had been quite a bit of traction recently around rights based approaches. She indicated that there will be opportunities coming up around the formal consultation on the statutory legislation around the new body. Both Health Scotland and Public Health Intelligence staff have had joint engagement sessions about new organisational culture and identified the need for PHS to have an increased externally focused culture, increased external stakeholder engagement and involvement. Ms Denholm will be attending the first meeting of the Reference Group for the Corporate Services Project

Ms Jarvis indicated that there did not appear to be a direct correlation between the Stakeholder Engagement Plan and the engagement with the 3rd sector. She asked for this to be considered over the next 12 months.

Ms Thomas pointed out a small amendment to the paper. She indicated that she was not involved in the Governance and Accountability Project.

Action:

- **CD** – DT's name to be removed from the Governance and Accountability Project.

Ms Denholm left the meeting at this point.

6. Stakeholder engagement during transition (including risk) (HS Paper 36/18)

Ms Hammell spoke to the paper which provided the Board with a draft Stakeholder Engagement Plan for the remaining twelve months of NHS Health Scotland.

The Stakeholder Engagement Plan for 2018-19 was approved at the October Board meeting. At that meeting the Board requested that future plans be detailed in alignment to priority delivery areas, providing assurance that we continue to leverage our strengths in order that the things we do well are carried into the new public health body.

In discussion the following points were made:

- We need to leave scope for a bit more spontaneity and agility in terms of taking up stakeholder engagement opportunities;
- The Health Governance Committee (HGC) and Audit Committee (AC) have discussed the risk overseen by the HGC and agreed that the Board now accept this as the risk holder for CRR18-6 (As a result of not engaging local authority and third sectors in creating the new public health body, key perspectives are not heard, reducing its credibility);
- It was agreed that the stakeholder engagement during transition and the associated risk would appear as an item at each Board meeting from now on.

Actions

- **DT** to schedule stakeholder engagement during transition and the associated risk for Board meetings during 2019
- **CD** to prepare the stakeholder engagement during transition and the associated risk report to include the response to board feedback made under item 7 and capturing points made about 3rd sector under item 6.

7. **Managing NHS Health Scotland's Legacy
(HS Paper 37/18)**

Mr McLaughlin spoke to the paper which asked the Board to note the plans and progress around managing the legacy of NHS Health Scotland as we transition into Public Health Scotland over the coming year.

There were two broad outcomes:

- The contribution NHS Health Scotland has made to improving the health of the people of Scotland and reducing health inequalities has been clearly articulated to key stakeholders;
- The learning of what works in fairer health improvement and what has worked about our organisation is synthesised and shared with decision makers and key contributors to the success of Public Health Scotland, including the staff of the new body.

In managing the legacy of NHS Health Scotland, the paper summarises the work to date and planned, including:

- One or more outputs that capture our achievements and learning as an organisation and presents it in an engaging way
- An event with key invited stakeholders to celebrate our legacy
- Internal briefing papers (e.g. on our intangible assets, our leadership approach) that support staff influencing aspects of public health reform through the Commissions, Projects, formal board meetings and so on.

In discussion the following points were made:

- In organising an event there should only be a small number of themes;
- It was good to see that this was a clear product but it felt a bit divorced from the previous two papers;
- It should be about influencing and informing;
- It should be short and future focussed.

The Board noted the paper.

8. **Q2 Performance Report
(HS Paper 38/18)**

The Board is asked to consider that the report sufficiently assured them that the performance of the organisation is on track in line with the delivery plan for 2018/19, taking into account emerging priorities and change and transition as part of that context.

Dr Stollard asked when the health and work report would come to

Board. Ms Thomas confirmed that this report was scheduled to come to Corporate Management Team in December 2018 and to full board in February 2019. Dr Stollard therefore requested a briefing prior to an associated meeting he is chairing in January 2019. Picking up on the Healthy Working Lives (HWLs) adviceline now providing the gateway and offering advisory support for employers, individuals and Allied Health professionals, Dr Stollard asked what sort of take up was this demonstrating. Mr Fraser will follow up with Mr Dodds to ensure both aspects of briefing are available to Dr Stollard.

Actions:

- **GD/AF** - Dr Stollard be briefed on the Health and Work agenda and the HWLs adviceline, proposed for 29 November 2018.

The Board noted the report.

9. **Governance Self-Assessment Proposals (HS Paper 39/18)**

Ms Thomas spoke to the paper and asked the Board if it was content with the self-assessment using the headings prepared in paragraph 6. If acceptable, some work would be undertaken during the December Board Seminar to discuss and populate this.

In discussion the Board agreed paragraph 2 was very useful and it was suggested that:

- Given Health Scotland is now in its final year as a board, a light touch and proportionate response was required, and gaps in governance should be highlighted. A paper should be prepared for the February Board meeting using the proposed headings from the Blueprint and the other reports as appropriate. The December Board Seminar agenda should be adjusted accordingly.

Actions:

- **DT** to amend December Board Seminar agenda
- **DT** to bring governance self-assessment paper to February 2019 Board meeting

10. **Chair's Report (HS Paper 40/18)**

In addition to the information contained within the Chair's report, three additional updates were given:

- A sub group of the chair's group had been established to look at governance blue print which is being led by Mr John Brown. Mr Crichton and Ms Thomas, as Chair of the NHS Board Secretaries

Group, serve on the group, the first meeting of which was held on 21st November 2018.

- A response had been received to the Chair's letter to Shirley Rogers had been received on collaborative working.
- Confirmation had been received on the reappointments of Mr Pettigrew, Ms Jarvis, Ms Dhir, Ms McCoy and Dr Stollard.

11. **Chief Executive's Report**

(HS Paper 41/18)

This will be circulated.

12. **Events Update**

(HS Paper 42/18)

Mr Crichton indicated that he would be attending a Policing and Public Health event on 4th December.

Action:

- Mr. McLaughlin to check out the date of the Health & Work Summit.

13. **Significant issues of note from recent Board Committee meetings: Audit Committee**

The Chair of the Audit Committee asked the Board to note and acknowledge that:

- Scottish Government issued a financial strategy in the middle of this year.
- In discussions with the external auditors, Deloitte, the Audit Committee indicated that it was unclear how the final accounts for the Board would be handled and Deloitte would have a discussion with Audit Scotland to confirm. Deloitte will also ask who might be appointed auditors for Public Health Scotland.

Health Governance Committee

There was nothing to report.

Staff Governance Committee

There was nothing to report.

14. **Committee/Forum minutes for homologation**

The following minutes were noted:

- HGC 08.03.2018
- SGC 11.05.2018
- SGC 04.10.2018
- PF 04.10.2018
- AC 07.09.2018
- PF 26.04.2018

15. **Any other business**

There was no further business.

16. **Date of next meeting**

15 February 2019.