

Board Meeting: 15 February 2019

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CHANGE AND TRANSITION UPDATE

Recommendation/action required:

The Board is invited to:

- Note and discuss the latest internal update on Change and Transition
- Agree that this provides the Board with satisfactory assurance

Author:

Sponsoring Director:

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6 February 2019

CHANGE AND TRANSITION UPDATE

1. Purpose of Report

This paper provides:

- The latest internal update on Change and Transition
- Highlights current issues which may merit discussion

2. External Developments

- The Public Health Reform Programme Board last met on 22 January. Gerry McLaughlin, Cath Denholm and Tim Andrew attended. The focus of the meeting was on:
 - The first iteration of a Target Operating Model for Public Health Scotland.
 - Progress on the various projects related to the corporate arrangements for Public Health Scotland, including the IT, Finance, Branding, Communications and Engagement, HR and Corporate Services project.
 - It was noted that leadership of the HR Project has moved from an external HR consultant to the Director of HR, NSS. Health Scotland remain well represented on the Project Group.
- The Whole System Working Group met on 18 January and again as a joint forum with the PHOB and other partners on 24 January. The focus of the 18 January meeting was on digital opportunities for Public Health Scotland and the emerging conclusions from the Improving Health Commission. George Dodds and Cath Denholm attended. 24 January was a workshop to explore how whole system working could be enabled in practice. Andrew Fraser and Cath Denholm attended.
- The National Boards Collaborative has updated its stakeholder engagement plan. National stakeholder events are being planned for Spring/Summer 2019. Chief Executives are to take a lead role in specific areas of the Stakeholder Engagement Plan, with Gerry McLaughlin supporting engagement with third sector organisations, and Andrew Fraser with Directors of Public Health.
- A second round of recruitment for the Chair of Public Health Scotland is expected to start soon. Notwithstanding the delay in the recruitment of the Chair, no changes to the overall timeframe have been proposed.
- Formal consultation to enable the legislative set up of Public Health Scotland is expected to start in mid-February and run for six weeks. We have been engaging with the Public Health Reform (PHR) team around the content of the consultation and we will be submitting an organisational response, to which the Board will be invited to contribute
- Over the same period the PHR team will be leading a process of informal engagement with staff and stakeholders on the emergent Target Operating Model for Public Health Scotland.

- Staff will be made aware of our approach and opportunities to engage with both of the above processes through planned staff communications and engagement activities in February and March. It should also be noted that the process of formal consultation with staff over transfer to Public Health Scotland is currently anticipated to start in May 2019.
- The PHR team is liaising with policy officials in community empowerment to explore an amendment to the Community Empowerment (Scotland) Act to establish PHS as a Community Planning Partner. One of the questions in the formal consultation on the legislative set up for PHS seeks views on how, as a national agency, PHS would operate as a partner in local planning arrangements. We will be putting forward our position as part of our response.

Implications

- The various projects related to corporate arrangements are gathering pace. Cath Denholm has one on one contact with the leads for each project, and is also discussed plans with Scottish Government to support appropriate coordination.
- There are risks associated with timescales and prioritisation of action for day one readiness. In agreement with Scottish Government, we have agreed an expansion of internal resource available to support this project. We have also agreed to work closely with the Business Transformation team in NSS to support user-led design work. This work is starting now, with Finance and HR being the first areas of focus.

3. Due Diligence

- Financial Due Diligence is ongoing. A formal Finance Project has now been launched. This is being led by the Director of Finance at NSS, Carolyn Low, who has joined the Programme Board in that capacity.
- An Internal Audit of the governance of Change and Transition has been in progress and the draft report will be received shortly. Some minor comments related to project plan updating are expected.

Implications

- The clarification of resources available required by and available to PHS remains a concern. Cath Denholm and Andrew Patience are meeting with the Director of Finance in NSS, but this may require further discussion directly with the PHR management team.
- A major reason for expanding the resource available to the Corporate Services project is to progress planning work for day one readiness and also the managed closure of NHS Health Scotland more quickly.
- 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. This paper is attached for the Board's information as Appendix B.

4. Vision for the Future

- While some Commissions have still to report, the main Commissions have completed their substantive submissions and the implications of these have been brought together into the early draft Target Operating Model (TOM). This was discussed at the Programme Board on 22 January and endorsement given of the direction of travel. It was amended and further discussed at a meeting of Commission Leads on 27 January, and further iterations have been shared. The Commission Leads are continuing to meet with Scottish Government individually and collectively to advance and refine proposals as the TOM develops.
- The work of the Organisational Development Commission continues and will take up significant time of the staff directly involved and also time for all staff engaging with it.
- Please see Appendix A for a timeline for future work around the creation of Public Health Scotland.

Implications

- We are providing leadership and support to two of the most significant areas of work currently being undertaken around the creation of Public Health Scotland – the development of the TOM and the Corporate Services project. These are both high profile areas with significant stakeholder interest together with risks and competing priorities/demands to manage.
- The main Commissions and the TOM suggest a number of implications for changes to ways of working, skills mixes and how we (and PHI) describe our work. These are being identified through a number of means (further work with the Commissions and the PHR team, engagement with staff) and there are a number of suggestions being looked at to address this.

Table 1: Update on Public Health Reform Commissions

Commission	Lead Organisations	HS Sponsor Director/Lead Contributor	Update
Improving health	<ul style="list-style-type: none"> - NHS Health Scotland - Integration Joint Board Chief Officers Group 	<ul style="list-style-type: none"> - Cath Denholm - Matt Lowther 	The Future State and Due Diligence deliverables have been submitted. Some further work has since been commissioned by the PHR team.
Protecting health	<ul style="list-style-type: none"> - National Services Scotland (NSS) - Scottish Directors of Public Health 	<ul style="list-style-type: none"> - Andrew Fraser - Phil Mackie 	The commission submitted their final deliverable in December. Some further work has since been commissioned by the PHR team.
Improving services	<ul style="list-style-type: none"> - NSS - Health Service Public Health Group - Improvement Service - Integration Joint Board Chief Officers Group (no co-chair yet) 	<ul style="list-style-type: none"> - Pauline Craig 	The commission submitted their final deliverable in December. Some further work has since been commissioned by the PHR team.
Underpinning data and intelligence	<ul style="list-style-type: none"> - NSS - NHS Health Scotland - Improvement Service 	<ul style="list-style-type: none"> - Andrew Fraser - Diane Stockton - Gerry McCartney 	The commission submitted their final deliverable in December. Some further work has since been commissioned by the PHR team.
Leadership for public health research and innovation	<ul style="list-style-type: none"> - Facilitated workshops undertaken by Scottish Public Health Network (ScotPHN) 	<ul style="list-style-type: none"> - Andrew Fraser - Phil Mackie 	The Short Life Working Group submitted an interim report to the Public Health Programme Board in December 2018, detailing the Commission's progress to date. A further engagement event took place at the end of January to discuss the vision and function with end-users in more detail.

Leadership for the broad public health workforce	<ul style="list-style-type: none"> - NHS Health Scotland - NHS National Education for Scotland - Improvement Service 	<ul style="list-style-type: none"> - Andrew Fraser - Wilma Reid 	The Commission leads had helpful feedback on the draft Customer Requirements deliverable from PHR leads before Christmas with follow up information received on emerging findings from the Innovating For Change workshops. A revised draft is now being developed that will make stakeholder needs more explicit.
Workforce of the new body: organisational development	<ul style="list-style-type: none"> - NHS Health Scotland - NSS 	<ul style="list-style-type: none"> - Cath Denholm - Jim Carruth 	An Interim Report - Draft Organisational Benchmark and Development Strategy, outlining proposed culture and values for Public Health Scotland has been submitted. Further work is planned from January to March working with small focus groups of senior managers, managers and staff prior to the completion of the final report.
Optimising specialist public health workforce arrangements	<ul style="list-style-type: none"> - Dona Milne (Director of Public Health, NHS Fife) - Audrey Sutton, Head of Service, Connected Communities, at North Ayrshire Council 	<ul style="list-style-type: none"> - Gerry McCartney 	The next workshop for the SEAG is scheduled for 7 February, at which the options developed will be reviewed and an Options Appraisal exercise completed.

Table 2: Update on Public Health Scotland Supporting Arrangement Projects

Project	Lead	HS Sponsor Director/Lead Contributor	Update
HR for the new body	- Jacqui Jones, NSS	- Cath Denholm - Jim Carruth - Shonaidh Dyer	A revised work plan is being developed given recent changes in leadership. Reaching clarity on consultation plans and timelines is a priority.
Budgets and financial management	- Carolyn Low, NSS	- Andrew Patience	Work underway, tender for additional financial resource is to be issued with costs being brought back to the programme for approval. Due to a lack of resource, timelines have slipped and deliverables delayed.
Governance and accountability	- Public Health Reform Team	- N/A	There is as yet no formal PID approved. However, Della Thomas is working with the PHR team and COSLA to develop thinking in line with the current governance blue print for all NHS boards.
Legislation	- Public Health Reform Team	- N/A	Initial policy instructions and parliamentary handling advice have been drafted, awaiting detailed Scottish Government Legal Department input. The public consultation is expected to be issued in mid February.
Corporate services	- Cath Denholm, for Public Health Reform - Billy Murray, Scotland Excel	- Cath Denholm	The Project Reference Group is established and work programmes starting to be planned in detail. Cath Denholm has joined the Programme Board to report and progress this work.
Accommodation	- CoSLA	- Josephine White	Work is progressing. A report on the first deliverable was presented to the Programme Board in January.
Data science	- Brendan Faulds, NSS	- TBC	A report has been submitted and is available on request.

IT and digital services	- Andy Robertson, ABR Consultancy	- Monica Renicks - Cath Denholm - Jane Weir	A Corporate IT Reference Group has been established to provide direction. Various workstreams have been established and are progressing well.
Branding and identity	- Public Health Reform Team	- Jane Weir	The project team meeting held its first meeting on 16 January. It has been agreed to commission a consultancy to support this work.
Communications and Engagement	- Jill Walker, Scottish Government	- Sharon Hammell - Jane Weir	The Project Team met for the first time on 6 February.

5. Staff Engagement and Support

- The Organisational Development (OD) Commission completed its first phase of engagement work prior to Christmas. The outputs of these sessions have been fed into the draft OD commission report which was well received at the Programme Board meeting on 22 January.
- The impact of change on staff is becoming more tangible this year. We anticipate significant work keeping staff informed and engaged, especially around questions that relate to “what does it mean for me?” The Public Health Reform Strategic Staff Communications and Engagement Group, which brings together NHS Health Scotland with Scottish Government and NSS communications colleagues, now meets fortnightly so as to meet the increasing demand for proactive staff communications and engagement.
- The draft TOM will be shared with staff on 18 February, together with a briefing for managers. A staff engagement plan for the TOM has been developed by the PHR Strategic Staff Engagement Group, which includes a joint video message from Phil Couser and Gerry McLaughlin, briefing materials to support managers speaking to teams about the TOM, regularly updated content for the Change Hub, informal drop in sessions with a director and staff-side representative, and four half day staff engagement events. Care will be taken around clear positioning of how the TOM has been developed, and the level of influence staff will have in shaping the final version. A joint all staff event is planned towards the end of April to share the final TOM with NHS Health Scotland and PHI staff.
- Four leadership sessions were held with staff in later January and early February to explore with managers how to support their staff through change and to understand what support they need to do this.
- Plans are being developed to change the role and remit of the Change Oversight Group (COG). This includes:
 - Focusing the work of COG on staff engagement and support
 - Moving the focus of due diligence work to the Corporate Services Project
 - Recognising that the majority of work previously covered under ‘future focus’ has come to a conclusion with the end of the work of the commissions
 - Planning more regular opportunities for staff engagement between COG meetings (Pulse Surveys, anonymous digital ‘Ask COG’ opportunities using Sl.ido, and face to face informal meetings with Directors/staff side)

Implications

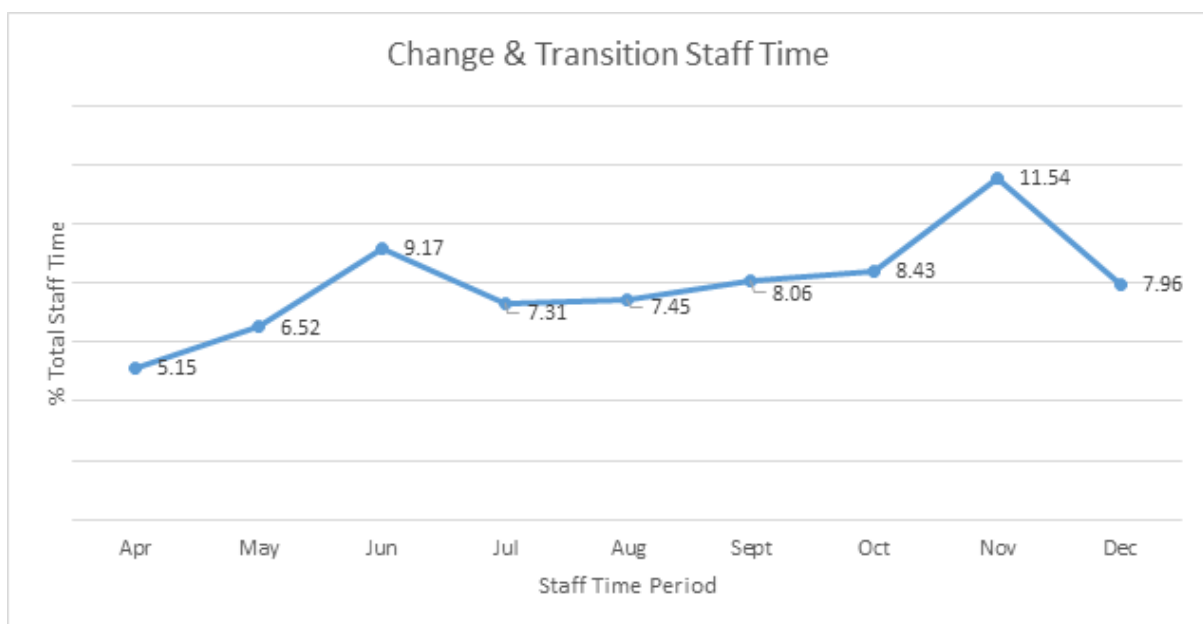
- The Corporate Services Project is offering multiple opportunities for more staff involvement. The challenges are the tight timescales involved and also the ongoing need to convince staff that it is worth getting involved because

decisions remain to be made about the services PHS will need and how they will be provided.

- The recent leadership sessions for managers have highlighted a call from staff for communications to provide definitive information on aspects such as timelines and how staff will be affected. There remain some challenges with this where decisions and timelines are not yet confirmed.

6. Resourcing Change

- The chart below shows the recorded staff time spent on change and transition as a proportion of the total time recorded. Although the chart shows a decrease in the proportion of staff time spent on change and transition, this is likely to be more of a reflection of the time of year than of an actual dip in time spent on change and transition as we know, for example, that the work undertaken on Commission in December was considerable. A lower than average rate of completion of staff time recording in December may explain the dip in part.



- The Workforce Review Group have agreed a further two posts to support Corporate Services design work. Further support from the PHR team has also been identified for this project.

Elsbeth Molony
Organisational Lead for Communications and Engagement
5 February 2019

Appendix A: Timeline

These are planned delivery dates and are subject to change at short notice.

March 2019

- Final Target Operating Model to be submitted to the Public Health Reform Programme Board at the end of March 2019
- Organisational Development Commission submits their final report on moving to the desired culture, values and ways of working for Public Health Scotland
- HR project submits a detailed plan for the delivery of the HR solution for Public Health Scotland to the Public Health Reform Programme Board
- Accommodation project submits identified options and a detailed implementation plan to the Public Health Reform Programme Board for approval

April 2019

- 1 April 2019, Public Health Scotland is constituted but not yet operational
- Public Health Scotland Chair is appointed
- Corporate Services project submits identified option to the Public Health Reform Programme Board

May 2019

- Public Health Scotland CEO is appointed

June 2019

- Branding project submits options to the Public Health Reform Programme Board
- Corporate IT project submits a detailed implementation plan for IT provisions to the Public Health Reform Programme Board

August 2019

- Public Health Scotland Board is appointed

September 2019

- Corporate Services project submits a final framework document to the Public Health Reform Programme Board

December 2019

- 1 December 2019: Public Health Scotland is vested and fully operational

Appendix B:**NHS Health Scotland Due Diligence Exercise:
Intangible Assets****Purpose**

The purpose of this paper is to document NHS Health Scotland's (HS) intangible assets - the things about our organisation that we particularly value and want to take with us to Public Health Scotland. It describes the approaches we take to achieve our outcomes and is intended to help staff and officers of the Board describe our 'intangible' assets clearly in order to influence the shape of future services.

Vision: Reducing Inequalities and Advocating for the Right to Health

Our vision is *A Scotland in which all of its people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives*. Our vision extends across public, private and third sectors across Scotland, resulting in key partnerships with Local Authorities, NHS Boards, Scottish Government, Community Planning Partnerships, Integrated Joint Boards and Industry. This whole system approach and way of working are critical to achieving the long term improvements in health we are seeking. We are also explicit in our strategic framework that health inequalities concern human rights and in particular, the right to the highest attainable standard of health. We are therefore increasingly taking and advocating for a human rights based approach to public health.

Approach to Public Health: Advocating and Influencing for Effective Change

We take a public health approach to reducing health inequalities and improving health for the people of Scotland. This means helping to define the problem, identify its causes and seek the solutions to address it. This may include a system or structural change, including changes to policy or practice. To do this we:

- Look at health problems across the population
- Systematically gather evidence on the problem and its causes
- Design interventions to prevent or mitigate the problem and carry out evaluations to check they have worked
- Implement the interventions and assess their cost-effectiveness
- Address the upstream fundamental causes, the social and environmental determinants of health and health inequalities as well as downstream behaviours (i.e. address the causes of the causes)

Our work on development and implementation of the framework for monitoring and evaluating Scotland's alcohol strategy (MESAS) and Minimum Unit Pricing (MUP) is an example which illustrates elements of our public health approach. In this instance, the knowledge generated was disseminated in various ways and used to inform the ongoing development of the alcohol strategy and in the court case around MUP. It was the strong evidence base and quality of the relationships we built that created and sustained the credibility to work with Scottish Government and a range of partners.

Knowledge into Action

We use a Knowledge into Action framework to describe how we create and use evidence to identify actions that will work to reduce health inequalities and improve health. It starts by bringing the right people together from the outset of a project (customers, partners, topic specialists, internal and external stakeholders) to understand what intervention would work best for the problem we are trying to solve. It helps us identify what knowledge we have already, highlight where the gaps are and how we can address them. This knowledge is then packaged and presented in a way that is meaningful for our stakeholders so that they feel confident to use it to take action to influence policy, planning and practice. In the last six years we have worked hard to develop our approach to policy influence and public affairs, using robust evidence and combining this with more sophistication in our use of skills such as influence, relationship building and political acumen. In addition to building relationships in face to face environments, we have been steadily building our digital communications activities to speak with one corporate voice and increase the reach of our messages.

Quality and Improvement

We have built an increasingly strong understanding of how quality, improvement and performance approaches can strengthen our work. In 2016, we were 'Recognised for Excellence' under the European Foundation for Quality Management as a result of our efforts to assess our organisational strengths and areas for improvement, taking action to improve year after year. Of our high priority stakeholders who were surveyed last year, 81% said they were satisfied with the products and services they received from us.

Leadership Culture

Over the last 5-6 years, we have developed our people in the "adaptive" leadership approach, as we have evidence that this is a style well suited to complex issues during times of uncertainty. It complements our Knowledge into Action approach to reducing health inequalities. This form of leadership embraces collaborative, compassionate, authentic, whole system, innovative and distributed leadership. It requires the values of strong, trusting, open, involving & collaborative relationships which celebrate diversity. It requires a permissive and trusting culture manifested by senior leaders and who set out to develop their leaders to work and behave in this way, when applicable.

We actively review our leadership approaches in the context we are in. Where we are looking next is for an opportunity to develop our leadership roles, skills and behaviours alongside others from other parts of the system e.g. local government and third sector as well as NHS colleagues. We also see clear alignment between our approach and the Scottish Government's NHS leadership programme Project Lift, giving us confidence to embed this further.

Coaching

Over the life of Health Scotland there has been a strong, professional internal coaching service. Coaching is an approach that compliments the adaptive leadership culture. It

has been instrumental in assisting individual staff improve their confidence and effectiveness at work; thinking through career choices and achieving goals; improving difficult relationships; developing management skills, approaches and behaviours and responding to transition and change as well as contributing to the culture. We have benefitted from the coaches inside the organisation as they have helped embed coaching skills for managers as part of internal management development programme and with the delivery of 360 leadership feedback sessions.

People, Culture, Values and Partnership Working

Our people are passionate about reducing health inequalities and highly skilled, with transferable knowledge and talents. We have a wealth of expertise on specific topic areas, analytical and technical capabilities shown through distillation of complex and often unpalatable health messages as well as abilities to influence and work in partnership to inform positive action. Our commitment to workforce development can be seen in the [people development section of the NHSScotland staff survey where HS](#) was consistently the top performing board in NHSScotland. Our people [describe the organisation's culture](#) as 'supportive', 'friendly' and 'inclusive' and we performing well in iMatter, as we did in the staff survey that preceded it. Staff speak highly of how our facilities, management culture, IT equipment and systems support them with agile working and a work/life balance.

We have a strong partnership with our recognised trade union that is valued by staff side and management. We work hard to 'walk the talk' of the national partnership model by seeking to engage staff from the outset in the formulation of process, policy and plans.

Our approach to how we evidence and embed every principle of the Staff Governance Standard has been endorsed by the Scottish Government Workforce Directorate. We use the Standards as the framework against which we assess improvements at both the Partnership Forum and Staff Governance Committee, which results in constructive discussions and decisions being made about our workforce.

Digital First

Health Scotland uses a digital first approach to design products and services based on user needs and is committed to taking a phased approach, promoting 'digital first' so that print resources can be targeted to those who cannot or prefer not to use digital channels. Our web and digital presence, including social media, has been improved over recent years to fully support our strategy. A recent example of this was our joint Cervical Flower campaign with Scottish Government which saw us pick up two gold awards at the Marketing Society Star Awards (2018). Within one week, the film, designed to grab attention and raise awareness of the importance of smear tests had been viewed 17,000 times with 300 shares on Facebook.

We have also supported face to face staff engagement with an enhanced digital platform which give staff access to the latest change and other important communications. This digital approach means information can be updated regularly and promptly and as well as offering greater flexibility for staff: for example, by enabling them to read key information, watch VLOGs and provide written feedback and input at a time which suits their work patterns.

Sustainability

Over the last five years, we have made £82K efficiency savings across our print procurement, storage logistics and distribution. Our advice is valued and last year we helped other national boards make a total saving of £43K for print and logistics. Our offices far exceed the Smarter Office target for the space per whole time member of staff.