

# Public Health Reform think piece: Sharing power in the new public health body

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## 1. Purpose

The purpose of this paper is to consider how an approach that takes seriously the distribution of power might influence the way in which the new public health body is created, in recognition of the role that power inequalities play in generating inequalities in health [1, 2]. The proposal is to integrate public engagement and participation, as part of wider democratic reform in Scotland, into the governance and performance of the new public health agency.

### Introduction and rationale

Tackling inequalities was identified as one of the top priorities for Local Government and the Scottish Government in the 2015 Review of Public Health. Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. NHS Health Scotland's, inequalities briefing 'Health inequalities – what are they and how do we reduce them?' outlines the fundamental causes of health inequalities as an unequal distribution of income, power and wealth rooted in political and social decisions and priorities [1].

As a public institution, the new public health body will wish to develop a modern governance structure that incorporates a citizens' voice. This would create an invited space that shares power, reflective of what we are trying to achieve in tackling inequalities by putting evidence into practice [2].

Further, as reported by the Commission on Strengthening Local Democracy, people are now looking for a different kind of empowerment in which citizens participate to shape their own lives, rather than looking to local or national representatives to shape it for them [3].

This proposal is in line with the First Minister's commitment to embed human rights into our systems and services in Scotland. Taking a human rights based approach means that when planning to secure the right to health for all, we consider the PANEL principles:

- Participation – people should take part in decision-making and have a voice. Policies and practice should support people to participate in society and lead fulfilling lives.
- Accountability – organisations and people should be accountable for realising human rights.
- Non-discrimination – everyone has the same rights regardless of their ethnicity, gender, income, religion, etc.
- Empowerment – people, communities and groups should have power. They need to know and claim their rights in order to make a difference.
- Legality – all decisions should comply with human rights legal standards [4].

These principles make work person-focused, and also ensure support is targeted at the people who need the most help.

This proposal to share power is consistent with the country's ongoing democratic innovations across public authorities. These include the principles in the Christie Commission's reform of public services to involve and empower individuals and communities receiving public services; legislative protection in the Community Empowerment (Scotland) Act 2015 to encourage and facilitate communities and citizen participation in decision-making, ensuring opportunities for underrepresented individuals and groups, to tackle inequalities and improve outcomes. As well as broader activities such as the

expansion of participatory budgeting and the recently launched review of local governance that seeks to decentralise functions and democratic oversight to local communities. It is also in keeping with the commitment for partnership working within the NHS and the need to involve staff representatives in the leadership and governance of NHS bodies. It could also directly address some of the important critiques made previously of public health bodies in Scotland [5, 6].

## **2. Power sharing – public voice**

Although different ways of sharing power are emerging, many are in their infancy. Instigating a new inclusive governance structure would be at the forefront of citizen empowerment and engagement, working with informed individuals for more effective public health policy and practice in Scotland. Many in the third sector share our ambition for a fairer, healthier Scotland and represent one means of bringing lived experience voices to the table. Their involvement in planning for the new body, at a strategic and governance level, could support this.

There is some evidence to suggest that there are benefits of inclusive public institutions that nurture citizen engagement and involvement including: public support for tough decisions based on joint priorities; building trust and legitimacy of public decisions; and developing long-lasting solutions that withstand party politics. It has been shown that encouraging a diversity of experiences, perspective and viewpoints, that challenge assumptions and adopt new ideas, leads to better quality decisions, as well as better governance [7,8,9]. In addition, addressing health inequalities and improving health is everyone's business. Sharing power also helps to share leadership which in turn could result in more people working collectively towards a fairer, healthier Scotland.

As an initial signal that the new body is to be founded on principles which exemplify power sharing and equity in their own right, it is recommended that

the governance of the new public health body is devolved from national and local spheres of government to the new governance structure of the organisation as soon as practically possible. Enabling accountability for these values and models of participation and decision-making to be taken into the priorities, strategic intent and ways of working of the organisation to positively impact the leadership culture and behaviours from the outset.

### **3. Examples of approaches tried elsewhere**

The establishment of a Community Board formed part of Caledonian MacBrayne's recent successful franchise bid to Transport Scotland for the Clyde and Hebrides Ferry Service [10]. The remit of the group is to collate and inform CalMac Ferries Limited of the community view, to ensure greater involvement of the communities served in the delivery of the ferry service over the 8-year contract.

The terms of reference state the Community Board is separate to the CalMac Board but will give direct representation, advise on the best form(s) of engagement with the community and provide a forum to seek opinions as required on ministerial strategic direction to the CalMac Board. The Community Board will not cover or be responsible for operational issues, contingency planning, the design of new vessels or transport policy matters. Applicants were invited from residents of the communities served by the contract for an initial 12-month set-up period to formalise the process for engagement and feedback to the CalMac Board. After which the future membership of the group will be determined by the Community Board members to achieve the most effective platform for community engagement. The relevance and value of its work will also be reviewed annually by members. An independent, paid, Chairperson will be appointed, and each member will sit for a period of 24 months. There will be no CalMac representation on the board, but the group will receive all possible assistance from CalMac, including provision of specialist technical assistance and

secretarial support. Members are accountable to their respective areas/ communities.

Another recent example of a shared space of power is 'NHS Lanarkshire Ting'<sup>1</sup>, a means of engaging the public in their area. Tings aim to connect people through to power in a way that can directly affect change. The ambition is for Tings to be a network for places and spaces to tackle issues, and problem-solve through many voices and perspectives. NHS Lanarkshire worked with a consortium of organisations to gather a group of people for a deliberative event. Half of the participants were already involved in health organisations or patient groups and half were randomly selected from the local community. This small group reviewed the evidence and the problem, hearing evidence and understanding their respective perspectives before identifying their collective solutions and recommendations. Other citizens meetings are planned by the Board to further discuss the recommendations and implementation plans.

Learning from this work highlighted that success relies on preparation with participants to support their contribution, such as mentoring, as well as setting it up well in advance [7].

'The People's Plan for Manchester' was a civic-led initiative prompted by perceived democratic deficit, whereby devolution deals were not informed by views of local people. The outcome was not a 'wish list' for elected officials but rather was a participative process to identify citizen priorities, some of which could be implemented by local people themselves and some of which can be championed by local politicians [7].

The Irish Constitutional Convention comprised randomly selected citizens, cross-party politicians and a Government appointed Chair. The scope, eight highly contentious issues on which consensus was sought, was determined

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<sup>1</sup> The word 'tings' comes from an ancient Anglo Saxon word, which remains in 'hustings'.

by the Government. Recommendations, based on majority votes, were submitted to the Government for review and any proposed constitutional changes to be accepted were to be ratified by a referendum. Although the process proved equitable and meaningful, uptake and response from the Irish Government has been mixed. Lessons suggest the issues for discussion were restricted and that undertaking such a process should only be agreed by decision-makers if they are will to be response to the results [7].

A further range of democratic innovations known as ‘mini-publics’ seek to enable more active citizens and communities. These have common features to improve opportunities for citizens to contribute to public deliberation and participatory governance. Mini-publics are groups of randomly selected, demographically diverse citizens; with participants remunerated; are usually issue specific and dissolved once deliberation has concluded. Discussions are facilitated, with experts providing evidence and advocacy, who are then cross-examined by lay citizens. In this way participants act as honest brokers distilling balanced information, and the process contributes citizenship skills and social learning, fosters civic engagement and capacity of communities, by considering evidence on complex public policy problems [11].

Varieties include i) citizen juries (collective recommendation or ‘verdict’ on an issue); ii) Consensus Conferences – established to advise Parliamentarians; iii) Planning Cells predominantly on urban planning; iv) Deliberative Polls designed to demonstrate what an informed public would think of an issue if it had time to learn and consider a range of perspectives; and v) Citizen Assemblies, these are the newest, with only a handful of cases that largely produce recommendations to Parliament and instigate referendums.

Five stages are identified in the work of a mini-public:

- 1 Planning and recruitment** (stewarded for quality and fairness – critical for legitimacy);

- 2 Learning phase** (supported to learn on topic from diverse perspectives based on evidence and advocacy and empowered to interrogate these ‘witnesses’ and sometimes can determine the selection from a balanced list of views)
- 3 Facilitated deliberation** (review of evidence and ideas by the group)
- 4 Decision-making** (considered judgement and informed conclusions, recommendations or decision in reasoned report, often based on consensus)
- 5 Follow-up** (impact, including through media exposure of process, dissemination of outcomes to inform broader public and decision-making).

This public involvement would complement and inform the decision making process within the new organisation, but, crucially, not replace the responsibility and accountability of the Board and Management Committee.

## **4. Suggested further work**

As illustrated, models of involvement vary and ongoing development work suggests that different models of dialogue and deliberation can operate at different levels of power-sharing, such as advisory, review or with equitable decision-making capacity. A review of different mechanisms to generate concrete proposals for the new body would be something NHS Health Scotland could offer as part of the transition period. This would help to establish the most effective, appropriate model for public health in Scotland.

## **5. Conclusion**

With this paper, we highlight ways in which a commitment to develop an exemplary governance structure with distributed power might be met. One that ensures the principles of equity, participation and representation are embodied in the leadership of the new organisation to add legitimacy and connect people to power over decisions that affect the public’s health.

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