

Board Paper 23/19

**Board Meeting: 17 May 2019**

## **Change and transition update**

### **Recommendation/action required:**

The Board is asked to:

- Note the latest update on Change and Transition.
- Discuss any priority issues and confirm that this provides satisfactory assurance of actions being taken.

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## Change and transition update

### 1. Public Health Reform Timeline

On 2 May 2019 the Joint Senior Responsible Officers for the public health reform programme wrote to the Chief Executives of NHS Health Scotland and NHS National Services Scotland. The letter advised that following a recommendation from the Public Health Programme Board, the Cabinet Secretary and COSLA have agreed that vesting day for Public Health Scotland will be moved from its planned date of 1 December 2019 to 1 April 2020.

This will allow a number of key actions to be progressed in completing the necessary consultation in relation to the secondary legislation passing through the Scottish Parliament and the recruitment of the new Board's Chair, Chief Executive, Board and Senior Team.

We have revised the timeline to take account of this change. However there remain a number of dates which are still to be confirmed.

#### May 2019

- NSS commissioned to prepare service offers for 5 areas of corporate services.
- TOM 2.0 discussed at Programme Board.
- Staff TUPE transfer consultation and Public Health Scotland consultation launched.

#### 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.
- Public Health Scotland Chair and CEO recruitment initiated (tbc).

#### August 2019

- Service options for corporate services approved by programme board.
- Public Health Scotland Chair appointed (tbc).

#### September 2019

- Public Health Scotland CEO is appointed (tbc).

#### April 2020

- 1 April 2020: Public Health Scotland is vested and operational.

## 2. Governance of the Public Health Reform Programme

Further to the aforementioned letter from the Joint SROs, recruitment for the Chair and CEO is expected to start soon.

We have been advised that the formal consultation to enable the legislative set up of Public Health Scotland will be launched in the first two weeks in May and run for six weeks. We had pre-publication sight of the draft consultation earlier in the year and have started to draft a response on that basis. Staff communications have been prepared in order to alert staff as to how to get involved and plans are in place for engagement with the Board and with staffside.

The Public Health Reform Programme Board has met twice since the last Board meeting (28 March and 2 May).

Key issues considered include:

- a) Version 1.1 (March meeting) and version 2.0 (May meeting) of the Target Operating Model
- b) The progress of the Corporate Services project
- c) Recruitment to senior management posts (see Workforce Transition section below)
- d) The Specialist Workforce Commission (see Public Health Reform Commissions and Projects section below)

### a) Target Operating Model

The Target Operating Model featured centrally in both meetings. In March the Programme Board discussed and approved TOM 1.1, and then in May they approved TOM 2.0, which reflects the feedback that had been received through the extensive stakeholder engagement.

Key features of TOM 2.0 include:

- Day one arrangements for Public Health Scotland that based on the domains of public health and therefore closer to the existing arrangements than the one proposed in the original iteration
- A list of issues which will not have been addressed by day one that will need to be addressed in the first 36 months. This includes consensus round the use of outcomes to structure the organisation and in performance management, and Public Health Scotland's funding model.

Now that it has been approved, The PHR Team will start to communicate the contents of TOM 2.0 to staff. They plan to produce summary versions which will be more accessible than the full TOM 2.0.

### Implications

During the discussion about the Target Operating Model, the PHR Programme Board reaffirmed their commitment to delivering a new body that supports and enables the whole system. They were also, in principle, supportive of an outcomes-based approach to demonstrating the intent of the new body to be influential and provide leadership across the whole public health system.

## **b) Corporate Services Project**

The Programme Board heard that good progress has been made on this project including:

- Agreement that of the 13 'workstreams' identified for the Project, 8 should definitely be provided from within Public Health Scotland on Day 1. These 8 are:
  - Administrative Services
  - Organisational Design Quality (including OD and L&D)
  - Governance & Executive Leadership
  - Information Governance
  - Support for Partnership Working
  - Strategic Planning, Performance and Risk
  - Research, Knowledge Services & Innovation
  - Communications, Engagement, Marketing and Digital
- The remaining 5 are in scope for being offered to, at least some extent, as a shared service by NSS from Day 1. These 5 are:
  - HR
  - IT
  - Finance & Legal
  - Operations Management (see attached paper for full listing of services included)
  - Procurement
- A Design Brief and process has been agreed with NSS and endorsed by the Programme Board as the basis on which NSS will submit its offers and they will be assessed.
- The Programme Board have also agreed that Central legal services and Counter Fraud services will be provided by NSS to Public Health Scotland. NSS currently provides these services to both PHI and Health Scotland and there are no concerns.

### **Implications**

Continued discussion and engagement with staff involved with corporate services and the projects is ongoing, to ensure staff within these teams remain engaged and feeling involved in decisions.

There remains considerable work to do on the clarification of budget and budget transfers between the constituent organisations.

### 3. Whole System & Stakeholder Issues

The Public Health Reform team now has a sub team dedicated to whole system working. Headed up by Dionne Mackison, Head of Public Health Policy, the team will be working across government to develop links between policy areas that impact on public health. This team also has the remit for our sponsorship and are likely to be the sponsors of Public Health Scotland. The Organisation Lead for Policy and Outcomes has met with the team to develop new, closer ways of working on public health policy. Following a very successful first meeting it has been agreed that meetings will happen on a monthly basis to ensure effective engagement. Not only will this help HS be influential and impactful across public health policy areas, but it is also recognised by the Public Health Policy team that it will help them with their task of engaging across government. Elspeth is now developing ideas about how best to engage colleagues from across the organisation in order to benefit from this new closer working.

We will be holding a seminar with the PHR Team on 17 May to examine the implications for Public Health Scotland of the newly published research article, [the politics of institutionalizing preventive health](#). Marion Bain will chair the event, which will bring together key people involved in public health reform including commission leads, workstream leads and members of the Public Health Oversight Board and Programme Board, to consider the implications of the findings.

Two of the authors of the study, Paul Cairney and John Boswell, are also planning an event with Public Health England (around 25 people, mostly PHE staff, maybe a small number of Welsh colleagues). We will be represented at the event.

#### Implications

These events are important, as they are opportunities to keep focus on the role of PHS in policy influence and advocacy.

### 4. Public Health Reform Commissions and Projects

The table below provides an update on ongoing Commissions and Projects.

#### Implications

The Specialist Workforce Commission has presented options for the deployment of specialist public health staff working within public health departments across all national and territorial boards, staff working in public health intelligence, and environmental health officers. From that discussion, it has been confirmed that there will be no structural change at present, but there are a number of implications for how both local teams work and how PHS works that now need to be explored and supported as preparation for next April continues.

**Table 1: Update on Public Health Reform Commissions and Projects**

<b>Commission/ Project</b>	<b>Lead Organisations</b>	<b>HS Sponsor Director/Lead Contributor</b>	<b>Update</b>
Leadership for public health research and innovation	- Facilitated workshops undertaken by Scottish Public Health Network (ScotPHN)	- Andrew Fraser - Phil Mackie	The final deliverable has been submitted and was approved at the Programme Board on 2 <sup>nd</sup> May.
Leadership for the broad public health workforce	- NHS Health Scotland - NHS National Education for Scotland - Improvement Service	- Andrew Fraser - Wilma Reid	The final deliverable has been submitted and will be discussed at the 28 May meeting of the Programme Board.
Workforce of the new body: organisational development	- NHS Health Scotland - NSS	- Cath Denholm - Jim Carruth	A potential staff engagement tool, Trickle has been identified and presented to the commission. Feedback was very positive and further conversations are due to take place with staff side, the Corporate Services and IT Project, and the Communications and Engagement Group. The attention of the group is turning to producing a change plan to support the staff transition and induction into PHS.
Optimising specialist public health workforce arrangements	- Dona Milne (Director of Public Health, NHS Fife) - Audrey Sutton, Head of Service, Connected Communities, at North Ayrshire Council	- Gerry McCartney	The Programme Board discussed and approved the final report from the Specialist Public Health Workforce Commission. The Commission concluded that there is no clear structural solution to delivering a more effective public health workforce. They were clear that significant change is needed but that instead of new structures, gains could be made through “having common goals, strong governance and accountability and creating new ways of working across the wider system at both a local and national level.”

HR for the new body	- Jacqui Jones, NSS	- Cath Denholm - Jim Carruth - Shonaidh Dyer	The Steering Group is meeting regularly and is currently focusing on the recruitment of the senior management team and on the staff TUPE transfer consultation.
Budgets and financial management	- Carolyn Low, NSS	- Andrew Patience	The Finance Project has begun to meet. KPMG have been appointed to support certain aspects of the work.
Governance and accountability	- Public Health Reform Team	- Della Thomas	A governance framework for the new organisation has been drafted and will be discussed at the Programme Board in May.
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 imminently.
Corporate services	- Cath Denholm, for Public Health Reform - Billy Murray, Scotland Excel	- Cath Denholm	An approach to the 5 services agreed as still in scope for significant level of shared services was agreed at the May 2 <sup>nd</sup> PHRP Board. A first workshop for the 13 workstream design leads was held on 23 April and plans are being developed for further engagement across all workstreams.
Accommodation	- COSLA	- Josephine White	The project submitted a paper to the PHRP Board in March setting out requirements for PHS. This has been ratified by the Programme Board and has now been passed to NSS HS&F for options of how this ask can be delivered across both buildings. There are still some aspects of floor layout and space to be considered by the Programme Board. The group are making direct links with the OD Commission to look at ways of working and also the Branding project so that all of this work can be combined.

HR for the new body	- Jacqui Jones, NSS	- Cath Denholm - Jim Carruth - Shonaidh Dyer	The Steering Group is meeting regularly and is currently focusing on the recruitment of the senior management team and on the staff TUPE transfer consultation.
IT and digital services	- Andy Robertson, ABR Consultancy	- Monica Renicks - Cath Denholm - Jane Weir	Work continues around the immediate IT requirements Public Health Scotland will require in order to deliver its functions on vesting day.
Branding and identity	- Public Health Reform Team	- Jane Weir	Three branding options have been developed by the marketing company commissioned to take forward the work. Staff engagement sessions are taking place this month and wider stakeholder engagement is also taking place.
Communications and Engagement	- Jill Walker, Scottish Government	- Jane Weir - Claire Dea	After discussion with the IT project it was agreed to transfer ownership and responsibility for the Digital Presencing work to this group. IT will continue to provide the resources. The brief for the research company has been prepared and shared with the group and JUMP. Staff have been identified to take on the in depth interviews and facilitate the workshop session. A paper has been prepared detailing the CEM ambition and service offering for inclusion in the TOM.



## **5. Workforce Transition**

### **a) Recruitment to senior management posts**

The Programme Board agreed in March to the principle of using a matching process to fill senior management team (SMT) roles. A more detailed paper was discussed and agreed at the May meeting, which sets out the process that will be followed in order to fill the senior posts which are immediate reports into the Chief Executive. This includes the use of an independent matching panel and a limited assessment process where there is more than one postholder eligible for matching to a particular post.

The SMT will have an important leadership role in delivering the ambition set out in the commissions and delivering the future strategy of the new organisation.

### **Implications**

Final decisions about which staff will be in the matching pool for senior management posts are yet to be made and there will be sensitivities regarding this in both organisations. Cath Denholm, Jim Carruth, Josephine White and Michael Craig all sit on the PHR HR Steering Group and will continue to discuss these issues within the organisation and on behalf of Health Scotland staff at this group.

### **b) Staff TUPE transfer consultation**

The staff TUPE transfer consultation was not able to be launched on 1 May as planned, but it is now hoped this can be signed off and initiated some time during May. Discussions have also taken place regarding a common approach to certain key policies in the run up to vesting day.

### **c) HR for PHS Steering Group**

The work of the HR for PHS Steering Group is moving at an increasing pace. The key updates from this group are:

- The HR steering group made a recommendation to the PHRP Board on how to recruit into the senior Director posts within PHS. This will be achieved by identifying a pool of senior posts within HS and PHI. Some discussion around the pool has taken place, however, until there is further work and clarification on the job roles the final pool is still to be decided.
- The group and PHRP Board have agreed a two stage matching approach.
- A draft consultation document has been co-produced by NSS and HS for use within both organisations. This is based on the principles that all staff within scope will transfer on their existing terms and conditions. The consultation is currently being concluded and a slight delay and will not be going out on 1<sup>st</sup> May which had been the original date. Work continues to ensure it is ready to be realised when all the necessary sign off/announcements have taken place. Comments have been sought from the group and specifically Staff Side colleagues so that this document can be further developed and agreed ahead of the timeline.

- The consultation document makes specific reference to the above senior manager matching process as it is expected that this pool of posts will be dealt with ahead of vesting date and therefore the legal requirement is to provide detail on this change to those affected.
- The second group referred to in the consultation document are those within Corporate Services. Decisions on how some Corporate Services have still to be made, and it is assumed when these are known, a formal consultation specifically detailing decisions will take place and would likely be for 90 days.
- Clarification is being sought from Central Legal Office (CLO) as to the legality of proceeding with the formal staff TUPE transfer consultation in light of the delay to the legislative consultation and we await this update.
- Plans are in place to produce support information for staff to use during the TUPE consultation period these include:
  - Information packs for staff
  - Information packs for managers
  - Timelines and questions for Staff Side
  - FAQs relating to TUPE for staff
  - Infographic showing clear time lines and decision making process
- It has been agreed that an additional process step for Voluntary Redundancy Policy and Job Evaluation Policy to be confirmed within each current employer pending transfer.

### **Implications**

This policy has been endorsed by our Partnership Forum.

## **6. Staff Engagement and Communications**

We have had two Change Oversight Group (COG) meetings since we relaunched COG to focus on keeping all of our staff involved and engaged with change. In addition to the directorate representatives, we have had a number of other staff coming along to the meetings to get involved and share their views. We have only received a small number of questions so far through the new 'Ask COG' function on the Change Hub, but we have found that the questions provide a helpful way of opening discussions in the meetings. We will continue to monitor the effectiveness of the Ask COG channel, along with the other initiatives we try.

One initiative which was not as successful as we had hoped was the 'Coffee with.....' sessions in between COG meetings. Uptake from staff for the first two sessions was very low and the feedback we received suggested that an open forum with senior staff was not the preferred engagement route for staff.

The PHR Staff Communications and Engagement Group (SSCEG), a joint group with members from HS, NSS and Scottish Government, has been evolving to meet what is required of it. The group will now provide leadership to internal stakeholders for communication and engagement and identify and agree staff communication and engagement priorities.

The SSCEG coordinated two engagement events in March for staff in HS and PHI. The events provided staff with an opportunity to hear from Gerry McLaughlin and Phil Couser and there were also specific inputs around TOM 1.1, the Specialist Workforce Commission and the Accommodation Project. The digital engagement tool 'Sli.do' was used during the events and over 300 questions were asked by attendees. The questions have been themed and responses are being coordinated and will be shared with staff.

Work is underway to explore the development of a PHS Change and Transition Information Portal, to replace the Change Hub and provide a single platform for staff in HS and PHI to access information about change and transition. A brief has been developed and is being taken forward in liaison with the Digital Workstream.

**Implications**

The further development of the Public Health Reform Staff Communications and Engagement Group will ensure that staff engagement and communications from here on in is as timely, responsive and joined up as possible.

The PHS Change and Transition Information Portal will also help ensure that staff in both organisations receive the same information at the same time. This an interim measure until a new PHS Intranet is available.

**7. Resourcing Change**

The chart below shows the recorded staff time spent on change and transition as a proportion of the total time recorded. The percentage of staff time spent on change and transition is at an all-time high. This is not unexpected as the pace of change increases and more roles are being created which are focussed specifically on change and transition.

