Name of Transcription: LAP3Pa 4.2.20

I = Interviewer, P = Participant

(Discussion of consenting etc.)

I: If we could just start by you telling me what you do and how long you’ve been here, what position you hold, the sort of areas you work in

P: Okay. So, my name is […]. I work in the Public HHealth Team. My job title is […] and I’ve been in this role seven years, but I’ve worked in Public Health probably seventeen, eighteen years now. You forget, don’t you? Quite a long time. But I was one of the original members that transferred from the Primary Care trusts into local government in the [place] team. I’ve always worked either in [places] was my first job.

I: And so, what’s your current role?

P: My current role is sexual health lead and some elements of teenage pregnancy.

I: What does that involve?

P: Largely looking at the whole system and how that operates in terms of sexual health, from prevention to identification to treatment of sexual health, HIV, STIs, it involves a whole number of things – largely we’ve got a contract with [place] Trust and they’re our provider of sexual health specialist service. It’s part of an integrated service across the whole of [the region]. So I’m their point of contact – I‘m like the commissioner of that contract at the moment. And meet with them regularly, speak with them regularly, performance manage what they’re delivering

I: So, you’re working in a classic commissioning role?

P: Yeah, but it’s not all we do, I guess. So, we do do other contracts. We have contracts with GPs and pharmacies for sexual health work. But teenage pregnancy work is more looking at the whole system and how partners come together to deliver an offer for young people. Sort of prevent unplanned pregnancies in young people. And that’s more – yeah, working with the system, working with partners to make changes. It could be changes in practice, changes in policy. We do self-assessment frameworks to see where we are and then we would put improvement plans in place to try and deliver that

I: And so who are the main partners for that?

P: Main partners for that are the Healthy Child programme. [name] our provider the Sexual Health Service, [service name], which was the old prevention service here in the council. Who else?

I: That’s in house is it?

P: Yeah. [Service name] which is a targeted young people service for risky behaviours.

I: Are they commissioned from –

P: They’re [? 0:03:59] but they are, yeah. So, different parts of the system that all have a responsibility around either teenage pregnancy or sexual health come together.

I: Okay. And so, in your time – you’ve been here roughly seven years – and this is more of a classic kind of commissioned sort of area of public health, isn’t it? What other areas of public health have you worked in?

P: Well, before I did sexual –

I: I feel like it’s gonna be a long list

P: Yeah. Probably most topics. But before this I was doing tobacco control. [time in role] So, that involved a service again, but again, it involved writing and developing a strategy and implementing that strategy via an action plan with partners where we had a steering group and we would lead work across the system, which I really loved. So, did that and then before that. I’ve done other things like physical activity, obesity, national child measurement programme, healthy start, which is the vitamins. Yeah, worked on children’s obesity, maternal health. Infant feeding. Breastfeeding. A lot of physical activity and exercise in the past. I was a [role]. I’ve worked on drug and alcohol which I did when I first started. So, whole range of things, really. Lots of different things over the time. Because we used to be kind of generic roles where we would cover a number of portfolios, but since I’ve been here – not at first, I covered quite a lot – but once teams established and developed into the number that it is now, we all have lead areas. Some have one, some have two. But it’s more – we’re more specialist. Well, we’ve become specialist because of the in-depth way that we learn about what we’re doing.

I: Over time, cause you’ve got the luxury of time. So, just remind me of how big the team is.

P: There’s around 30 of us now.

I: And so, they range – do you have your DPH and assistant as well?

P: Well, we have [name] as our director of public health and then we have consultants in public health. So, we’ve probably got around five of those. [names].

I: That’s quite a lot.

P: It is, yeah. And then us as [roles]. There’s quite a gap between consultant level and our level. And then we have [roles] and then we have one Practitioner which is like an entry level post that we’ve created to help people get into this profession. Cause a lot of us started at that Practitioner level and have worked our way up, but often in public health teams you often find that there aren’t those entry level jobs.

I: So, in terms of practice, what sorts of backgrounds are people from?

P: A range of backgrounds. Some are nurses in the team. So, they’ve got a clinical background. Some are Psychology, mental health. Some have worked in provider services, so have actually delivered services. Our weight management services for example. And then, like me, just kind of health promotion, public health team specialist background. But a whole range, really. Sport. Sport’s quite common. Like a sporting background, sports development sometimes. Yeah. But yeah, a whole range, really, when I think of everyone in the team

I: It’s quite surprisingly big. I hadn’t appreciated that it was quite a large team.

P: We were tiny when we first started. There were [x] of us. But with [place/council], we never had any money. It never had much public health funding. But when it all changed, when we had the ringfenced grants, it was amazing.

I: So, did that – it acted in your favour?

P: Yeah, it was brilliant. And the move here has been – obviously I wasn’t sure at first whether it was the right place for public health. You become loyal to the NHS and you feel proud to work for them. And then, you know, you come into local government and you don’t know what to expect, but actually it is the best. I think it’s the best place for public health. It’s just the wider determinants and health inequalities work that you can achieve much more, being here, I think. I think most people probably agree with that now in the team. I feel like it is the right place

I: Why do you think you can achieve a bit more in local authority?

P: Just because of network, the partnerships. So, for example, smoking. We had a smoking service but we never had a strategy. And we worked really closely with trading standards here. I think it’s more because the local authority does a lot. We’re two-tier, so it is more complicated, but we just have more connections. So, business and environment is probably one of the crucial ones. We got involved with things like [a big sports event]. Just things that would probably – we would never have – there wouldn’t have been a connection there before. Housing. We commission mental health services. The work with the social care element of it. Children’s and adult’s. The input that we can provide into those elements of services and provision, I suppose. Make contracts – changing contracts, “Have you thought about adding this?” It’s that influencing element of public health which we didn’t really have

I: Why do you think that there’s not that ability if you’re within an NHS setting?

P: I don’t know. I think – we were never really that connected to the actual county council from my memory. We were connected more to the district councils, but that was because I was doing – it was probably cause of my role at the time. But I was doing more [work domain], so I was working with those as [domain] providers, but I didn’t ever really have any – other than doing some frontline. We used to deliver different levels of training on public health and I know some county council members of staff did attend that, but we – I don’t know. We just worked in much more of an – and we didn’t have much money. So, we were limited in what we could do, so what we did do we had to cover our mandated elements of service. And we were small, I mean we didn’t have a team of 30, we were a team of like 6 or 7. So it was much smaller scale, with less money, resources. So, we just stuck to core business. Whereas now we’ve got a bigger team, we’ve got more flexibility and more opportunities to do more here.

I: That sounds interesting. We might return to that a bit later on. I think – so, been in touch about this example you’ve given, smoking. Just before we get onto the smoking strategy and it’d be really good to have a copy of that if you can share it

P: There’s one on my desk, yeah

I: Just to give me a bit more context about how it’s set out. I wanted to ask you some more general questions about your own understandings of what health in all approaches, or healthy policy approaches are in local authority to address population health and health inequalities. So, what do you understand by a health in all approach?

P: So, at a very basic level it’s – it’s asking people, whoever’s leading, regardless of – it might not be specifically about health – but it could be housing, which is obviously linked. But it’s looking for them to consider public health, health, in whatever planning, policy that they’re developing or creating that would have an impact on the population. So, that’s it in a nutshell, really. Because people sometimes don’t always consider that, or sometimes there’s unintended consequences of decision-making, I suppose, within areas of work.

I: Can you think of examples of that?

P: Good question. I suppose an example is new housing development. They build new houses, but do they consider what else – if where they’re putting it in the first instance, what pressure that adds to the health of services in GPs, as in school, education, schools. Other local services that people need and require. Will they be able to cope with that increase in capacity? Depending on who the housing is for and what type. Cause obviously the price would, or the type of housing would determine that. But are they considering just – “We need to build X number of houses by 2020” or are we looking at the whole picture and considering every element of that building? And also, is there a green – cause I know there’s thing like 106 monies attached with housing developments

I: What’s that?

P: That’s where a housing developer agrees to give back to the district council some money so that they can develop a green space. So, it might be a play area. Or they would be able to – we as a district council could choose how that money’s spent for that housing area. Which I used to be connected with when I worked for [?? 0:14:05] district council. It was how “How do district councils spend that money?” But it had to be in a health way, or it had to be in terms of physical activity which is still in place, I think. So, it’s things like that. Understanding those mechanisms and levers and what can you do with the money? Instead of cramming it all in and not thinking about the environment and the surroundings. Also, in terms of active travel, so if you’re building a housing estate – can you get through? Does it connect with footpaths? Cycle routes? Or is it just – and it’s closed off. Cause often we find that they’re closed off cause they don’t want it to be a run.

I: A rat run?

P: Yeah, a rat run where people can go down alleys and cut through. I suppose that’s from a safety aspect, isn’t it, perhaps? But is it really necessary? It’s like doing a health impact assessment, weighing up the pros and cons of the design. But it’s being at the table in the first place, isn’t it? It’s getting yourself in there to have those

I: Have you thought about doing that, or is there a way – like a formal or informal way of doing that?

P: It’s often by chance. Well, we know all these things and you find about a meeting that’s happening or a development and you just sort of invite yourself along. Or you may get invited along on a good day, but often you just stumble into things and then it starts you thinking into much bigger than “Oh, this is bigger than what I first thought” and yeah it’s an opportunity. A lot of our role is about influencing and getting people to think more broadly about what they’re doing

I: Right, okay. So, when you’re trying to sort of find your way into these conversations, what kind of responses have you had? You know, trying to think of the full range of responses that you had from different sectors.

P: Yeah. Again, a range of responses. Sometimes it’s really – you’re depending on. It depends on the people, doesn’t it, often? If they are in agreement or in support, if things can happen quite quickly and other times it can be really, really difficult. So, an example in the team is I know [name] in the team who leads on adult weight management and children’s, they’ve been trying to set up these zones in the street so you can get a permit or a pass to close them off so that they’re used for street games. It’s taking – you must have to get some kind of permission from here in a department that would make that decision or that allowance to close it for a certain number of hours to allow safe play. And it involves bringing a load of kit and, you know, playing in the street. Cause there isn’t often – in the cities or in built up areas – not that we have that many – but that they’re unable to have play that’s safe. If green space is limited. And also, it’s just outside their houses, so it’s supervised by parents. But that’s been really difficult. Things that you think “That sounds fairly straightforward” is actually being met with a lot of challenge. So, it just depends. It’s just – yeah – how set in their ways people are. “Oh, we’ve never done that. That isn’t going to happen” you know? Or, yeah. I think it’s the people and the willingness to think differently. To accept that things can be done differently “Oh, I hadn’t thought of that” and that willingness to give it a try. We often pilot, you know, there’s often agreements trialling or piloting things to see how it goes, then it’ll be rolled out on a broader footprint. But sometimes I guess there’s a tendency to say “Oh, that’s you. If you want to do that, you deal with that element of it” but then that’s not fully integrating what we’re trying to do. They’re sometimes quite happy for you to just take the lead on that, thinking of my smoking example.

I: Yeah, yeah. Are there groups, professional groups, or departments that are easier to work with or those that are harder?

P: We’ve had really good relationships with trading standards. And again, it’s because there’s an officer, a lead there, that’s been really proactive. Really keen on Public Health work. And we’ve established service level agreements with that function to do a lot of delivery for us for illicit tobacco, is some of that work. Alcohol work, licensing. Physical activity, they’ve even gone into – because they do food standards, they’re responsible for food and some of the hygiene, working with the district councils, cause again we’ve got two tiers, so that can be complicated, but they’ve got that relationship with the district councils. So, they’ve worked with us on physical activity, food, tobacco and alcohol. And the health and wellbeing award. So, because they’ve been so forthcoming and engaging, they’ve generated themselves quite a lot of work and actually service-level agreements which have funded posts. So, we’re obviously giving them money to do some of that work, but they’ve been very open and willing and proactive and they’ll just, you know, they’re like sponges. They just take on what you want them to

I: I wonder what underscores that. It might be interesting to talk with them to see why.

P: Yeah. The [person] who I’ve worked with on tobacco really closely with. He would have a good – give you another side to working with us, I guess, as a team about how he’s found that.

I: What do you think of the characteristics of those people that you’ve worked really well with to make the collaboration really work for you?

P: It all comes – it does all come down to, I think, give and take. So, people will do things for you if you ask them in a nice way and if you offer something in return. And you can show that it’s not just about what you want but you can deliver on what they’re wanting. It’s not – you’ve got to look at it from other people’s perspectives. Often if you’re kind and you’re nice, it does get you a long way. If you’re not, then people – why would you engage with somebody? It sounds common sense but to me – and it is all about good relationships. Good partnerships. Finding those people that you have got a similar mindset to and likeminded. When you don’t, it is a lot different. You’ve got to try and obviously find other ways and other levers. So, it’s not just about being nice. It is more about thinking it through from their point of view – what are they wanting to get out if it? Finding that common ground. Having those early discussions about what the core value is, or what are we trying to achieve here? Having more of that initial discussion before you get to what you’re actually gonna do

I: Yeah, it sounds quite challenging. Can you think of examples or think of times when you felt really challenged by a potential collaboration? What was it like?

P: Yeah, really tough. So, the example that I’m gonna be talking about is where you’ve just got a completely different view on something. So, the smoking example around amending the smoke-free policy for here and you’re wanting to enhance what the offer is for the staff wellbeing here. Yeah, ultimately, the council, I guess, is really concerned with its reputation and how it’s viewed by the public. And it’s probably risk-averse to making decisions that could cause any form of controversy. So, that trumps anything, even though they know that smoking isn’t good for your health. It kills people. And by having smoking shelters on site we are endorsing that as an activity, even though within the policy it says you aren’t to smoke during work time, people still use the shelters during work time. So, the example is to try and remove the shelters. Build the support – not just say “that’s it”. It was about building support, linking with the services, have them come on site. Flexible working to attend appointments. But ultimately, and also an e-cigarette policy was developed as well so that people could vape on site, as a method to quitting. But they couldn’t, can’t smoke on site anyway, other than in the shelters. But our main aim was to remove those shelters from the site

I: Bit like hospitals have done. Shall we start from the beginning with the example? It sounds really interesting, cause it was a long time in the development and the making, wasn’t it?

P: It was, yes. It all started – so, with the development of the tobacco control strategy for [place]. And within that there are 5 key priorities. And one of them is about creating more smoke-free environments and as we were now a public health authority, the council has responsibility for public health. We, my view, and the team’s view, is that we should be leading the way. If we’re asking other organisations to consider smoke-free environments, smoke-free workplaces then we should be modelling that behaviour. So, that was kind of written into the strategy, written into the action plan, and then it coincided with another member of the team working on workplace health, internal workplace health. And they have HR representation on that. And public health. And occupational health, who sit on an internal group. And it came up there that they were self-assessing themselves and were looking to undertake a workplace wellbeing award. I think it was a regional one at the time. So, they were doing – what does gold, silver and bronze look like and how were we in terms of a whole host of areas? So, alcohol, smoking, physical activity in the workplace, everything, mental health. So, smoking was the one that I was assigned to and I had to look at the current policy and advise. Well, we wanted to do it anyway, so it kind of happened that it came together at the right time, and I was saying “Okay, I’ll take a look at this with someone from HR”. But it was very much led by public health wanting to see the changes and we could put the recommendations forwards. So, we drafted the e-cigarette policy cause we didn’t have one. We had to get a position on it. And we drafted the amendments to the existing – I think it was a smoking policy – we changed it to smoke-free policy, change of terminology, and at the same time we looked at schools, because obviously as a local authority there’s the children and young people department had a policy as well. So, we brought them all into line. So obviously differences – so, schools no e-cigarettes at all, because it’s not for under 18s. And we wouldn’t even want them to see that, even from staff point of view. So that was the decision that was taken. The children and young people one, amendments went through no problem – they were signed up to. Again, that was support for staff just to reinforce zero tolerance, you know, no tolerance for smoking. And where it was found how that was dealt with, how it was linked in with the services, prevention work that was undertaken. So, and there was a [person] who does all the [work with schools] on that kind of side of things. So, we drafted a policy for schools to adapt.

[discussion of person/scheme]

P: But in [place] a lot of schools still adopted those, that ethos, that whole-school approach. Followed the guidance. So, they’ve relaunched that, that member of staff is being really good and they offer that support, they uses the policy in their network meetings with schools. So, it’s very much linked in through that person. They took that through. In terms of the staff on the various sites that we’ve got across the [place] here, it was interesting because it was – it’s a HR policy. And they did, they did look at it and work with us, but again they were always trying to soften. So, it was like that – again, I suppose it’s what’s it called, where – it’s given and take, isn’t it? You have to compromise, that’s the word I’m looking for

I: Just to stop you on that point, why do you think they were trying to soften it?

P: I don’t know. It’s almost like “Are we going to take this step straight away or can we build up to it?” kind of approach. Whereas I was like “This is gold standard. This is what we should be aiming for” and “Why not?” kind of thing. And they were like “Oh, not sure” cause one of my things was lanyards. So, if you are going into town on a lunchtime and you’re smoking to remove your lanyard. But they didn’t go for that. They were like “You can’t ask people to remove their lanyards” So, and it was things like – cause the example they gave was “Are you gonna tell people next that you can’t eat a chocolate bar in public because you’re gonna get obesity?” It’s not quite the same, but they used that as a kind of example. That was their argument back to say “No, it’s a step too far. You can’t ask people to do that” So, it was like meeting and that was like “Okay, choose your battles” That isn’t the most important thing, the most important thing is that staff are supported, we’re not anti-smokers, we’re anti-smoking and that’s the message we wanted to very clearly get across. So, it’s, yeah, increasing the support. So, we built in flexitime for staff, we increased the links with the specialists in Stoptober, so in the month of October they came on site and they visited a number of sites across [place] to offer advice and support and a referral into the service if they wanted. So, that was done. The lanyard thing didn’t get through. E-cigarette policy was signed up to but is kept on annual review. That did go through, but the smoking shelters was the one sticking point that they decided – it ultimately ended up at management board which is the chief exec and all the directors of every directorate in the council.

I: So, it got right to the top of the decision-making process? (Yep) That’s interesting, how did it end up right up there?

P: Well, I – so, it was drafted, we’d agreed it as a task and finish group, it went to the internal group, they said they weren’t in a position to support it, public health were then – I was then asked to attend [committee label] which is [committee name]. […]. So, I took it there and presented the changes and the proposals and they were supported, but said that they felt that the final decision had to be made by [a higher] board because of – I think they just felt, because of it being, I don’t know. They just felt that it was a decision because of the nature of the removal of the shelters. Because they tried to do it – because of past experience. [When] The new legislation around workplaces [came in], they had a whole load of staff smoking in the residential streets, side streets, which then created loads and loads of complaints in terms of people standing around outside their homes smoking and litter, cigarette ends being left on the floor. So, they installed a smoking shelter here and one [elsewhere] which is also in [the place].

I: There was a backstory to it?

P: There was a backstory to it and obviously it’d caused quite a lot of problems at the time and that’s why they were put in. So, to remove them – cause we talked about “Could we change their use? Could it be a bike shelter? Could it be used for something different?” And then we had a load of mixed messages around people who were actually vaping being asked to go and use the shelter. Well actually, no, we don’t want people who are trying to stop by using an e-cigarette going back into environment with the smokers, cause that could then – “I may as well smoke again”. So obviously e-cigarettes are a harm reduction – not risk-free, but a harm reduction. And our, you know, we’d always say we wouldn’t want someone to remain on them, but as a means to quitting it is another tool in the armoury if you like. So it ended up because of that history going to [higher decision makers] and ultimately it was decided that they wouldn’t be removing the shelters due to the outcry that could be caused again to the local residents and then the number of – they didn’t want to deal with the number of complaints. We tried to put the arguments forward like smoking rates over the last ten years - cause it’s ten years ago, 11 years now – so over the last ten years smoking prevalence and smoking has reduced, so we’re probably talking about a core of staff, yes, but a smaller number of them. And is there another way of – and they shouldn’t, you see, ultimately, in the policy already it said that people shouldn’t be smoking during work time. So, it’s a bit contradictory. Well, it is very contradictory, cause we’ve got a shelter. But, they said “Well, there’s people that work in customer contact centre and they have to be there out of hours” and they’re working on an evening. But do they walk from where they are to that shelter? I see people – I’m like the smoking Police – I still have a cheeky little look across, cause if I park back there I look. I’ve put posters in there to say about quitting and support and all the rest of it. They got took down. Yeah, but people are using it during the day. [discussion about who is using the shelters]. And up there it definitely is and they were using these. “Well, it’s a really stressful job. This is their only – this is their release. This is for their wellbeing.” And we were like “Well, there’s other things we could do to actually” it makes things worse. People think it’s a relaxant and all the rest of it. So, it was like – there was more exploring to do as a result of that. We could do more targeted work, but then I moved off the topic. But ultimately, that was where the decision was taken and it was public health that interestingly had to present it. I didn’t go, but [the Director of Public Health] presented it.

I: Okay, and how many – what time period are we in for that?

P: Oh. I don’t know, I’d have to look back. It might be two years ago, cause I did – I’ve kept, well, it didn’t go through and I was really devastated at the time. You know, cause you’ve put so much in to get to that point and going to all these meetings and making all these changes and then it gets to the final hurdle and it’s rejected. Everything else was approved. So, obviously there’s some positives and it was almost like regroup, reflect on what would I do differently if I were doing it next time. And I think a lot of it came down – “Well, I didn’t present it, [the DPH] did. Is that right? Should I have gone with them?” But then it’s almost “How much can you challenge those senior leaders?” And it was a [role] director and the [leadership role] that had the – were the ones that weren’t backing it. Everyone else, I think, was largely supportive but didn’t really speak. [The DPH] was putting their point across, but I wasn’t present, so I don’t know. And there was obviously discussions about it. I think my learning was that I would warm that management team up before it went. So, I would suss – I did ask, [person and role], I asked them to speak to their director. [name of person and role]. So, I thought I’d covered like – I wasn’t anticipating a [role] director having such a sway. But it’s understanding those relationships and whose ear, whose – you don’t know the dynamic do you, at that very senior level, and who ultimately is making those decisions and whose voice is heard. Even though you thought you’d warmed up a number of them, hadn’t got to all of them. And is that my role? Is that [the DPH’s] role? Who could have done that? Could it have landed better? The arguments that were presented – we could counter them, but I don’t know. Would it have been any different? I’m not sure

I: Did you use a particular frame of presenting the case?

P: There was a paper written that outlined the proposed changes and the rationale for that and the evidence behind those changes and why it was important

I: And what kind of status did that paper have? What was it like? Did it get full readership or?

P: You don’t know. It goes – obviously it gets tabled, so they all receive it

*38 Minutes – alarm, discussion of alarm*

P: So, they all get the paper, they all obviously have a responsibility to read that and it’s up to – I have been since, but for sexual health and it’s – they don’t all speak. They might not all have a view on it. So, it just depends. So, for sexual health there was a few key people that had views on that particular day. So, it just depends, I suppose. And those that have been here longer knew that history, so if we didn’t have the history it might not have been. People might not have thought of that. I think I referenced it and tried to mitigate it; I can’t remember – I’d have to look back at the paper. But what came – had I anticipated that as being the main issue, I can’t remember, I would have to look back whether it was in there or not.

I: So, it’s interesting, you talked about learning from it and what you would do differently. So, there’s the kind of anticipation thing and maybe testing how things might land. How would you go about that? You know, with the power of retrospect

P: Yeah, I probably would [go to one] director to say “This paper’s” I mean I didn’t do this. I didn’t say “This paper’s going, I’m looking for your support” or booking a pre-meeting with them and say “Can I speak to you about this paper?” or even before I submit it I would now speak to at least initially [the DPH] and [another director], say “I’m looking for support for this, what do you think? Do you think we’ve got a chance?” Is it worth doing this again now or, you know, like if I was leading it now I would obviously be looking to do it again, to go for it again. What do you think we – you know, have a discussion with them about how we get this, how we move it on from where we are at?

I: The connection between yourselves and human resources, cause they’re different parts of the function of the council, aren’t they? I mean, how did that work out? That sort of relationship

P: It was – they were ultimately supportive. But like I said, there was compromises about what would – because they’re not looking at it from a public health, they’re looking at it from a policy, HR perspective. And they are responsible for the policies and the organisation. Other people can have their input into it, but they will make the changes. But they were largely supportive, which we were like – there was a clear line of where things couldn’t go to. And it was really interesting. See, I would have thought that because it’s really their policy, their lead, that it could’ve been a joint presentation. And that would show more of a united – that actually they’re looking at it from a staff point of view, staff health and wellbeing in terms of policy development. We’ve obviously got public health, but having their support, it’s not just us saying that. I think that would – but it was very much kind of – and interestingly, I went back after a year and we’d done some things on the intranet, like intranet polls on – I don’t think we specifically – we weren’t allowed to ask whether people wanted the shelter removing or not. Cause other things we thought of from learning what could we do. Well, we could get staff support. So, if we had like 90% of the workforce saying they wanted to get rid of these shelters then that’s overwhelming, isn’t it? So, and that’s really powerful, isn’t it, when making decisions? But they wouldn’t let us put the poll on the intranet that was asking that specific question. So, we had to refine those questions. And again, I’d have to look back at what we actually did put on there, but we had – I think we asked one question about “Had you accessed” – “Had you utilised the amendments to the policy in terms of accessing the service?” the smoke-free service. You know? It was more trying to look at how – had the policy had a positive impact on staff? To try and build that support from what we were trying to do. So, I did go back a year later to [management team] and presented a position – we also had – and again, this is how it landed. I had a really bad experience, actually. So, yeah, I went to – we had the [senior person] – we’d spoken to a [name] facilities manager here. They do all sorts of things like maintenance

I: Like caretaking?

P: Yeah, kind of. They’re often on car parking duty, cause people park inappropriately and things and they do things like that. I’m sure they do much more. But they were tasked with monitoring the shelter use. So, because we wanted to know the numbers that were using – is it certain – is it at certain times, is it the same people? Not that we – we didn’t want names, we just wanted to know is it like 10 people? Or is it 30 people? You know? Just wanted to gauge that level of use and who was actually using them. So, we asked them to monitor them and we got feedback. So, this went into this report that basically showed that people were using them at certain points during the day and it was a cohort of regular people that were using – same people. And I took the angle that – and this did not go down very well. So, I took the angle that therefore the policy wasn’t – cause I needed HR to support. So, I presented the position that there are people within this organisation that are smoking during work time, and that’s against our – it’s contrary to the policy, basically. And their response to that – and I was asking “What can we have done about that? And they just said “That’s for individual managers to tackle” which I understand. So, I said “Okay, so how can we get messages out?” and they said, “The language you’re using is very irritating” And said that “We don’t work in that way anymore. We’re not looking to tell people that they’re breaking the – “ and I kinda get that. I don’t work in HR so I’m not familiar with language, so there was obviously something wrong with the style that I used to sort of say “Look, we’ve got people that are basically not adhering to policy. What can we do about it? And is there an opportunity to revisit the removal of the shelters?” Was ultimately all I was asking. And they basically told me that I was, one woman was very firm and rude, and actually had me, not in the meeting, but in tears at the end of it, because she kind of had a go. She said “You’re irritating me” she made it personal and said “You’re irritating me with the language that you use. That’ll get people’s backs up” and I’m like “Okay, well I’m happy to – “ I apologised and I said “I’m really sorry, I don’t mean to irritate you. I’m just trying to understand how we can work through this, how we can resolve it or find solutions for this and I’m looking for support.” I came looking for their support and guidance but felt like I didn’t really get – I basically at the end of the day they said to me “Yes, happy for you to take it back to management board, but don’t be surprised if the result’s the same” So it was very negative. It was a negative experience and it was very much “Public health were welcome to, but we’re not supporting it.” Well, “We support you, but you’re - yeah.” Fed back, came back, was really upset because of how the lady had spoken to me and thought “Oh, god, that was terrible” you know, when you think it’s like a second shot at trying for something. And I’m sat there thinking – cause it really mattered to me, cause it was my portfolio and I thought it was seriously wrong that we weren’t smoke free as an organisation. But it didn’t seem to matter that much to anyone else. But and I can see that my emotional side got involved in that, you know, I was feeling emotive about it, so therefore got upset about what was said. But actually, I don’t think there was any need to speak to me in that way. But [the DPH}, I chatted it through with [the DPH] afterwards and said “I really don’t think it’s the right time” based on that kind of response, a year later I didn’t think it was the right time. However, we’ve now brought our smoking service in house, so we have a smoke-free service that’s delivered by [the council] and we’re still not completely smoke free. How does that look? So, again, I’ve spoken to the lady that I handed over to – is it an opportunity to try again and say “Look, how is this possible?” Is that alright?

I: Yeah, yeah. I mean how did people respond to – you described it as controversial and a contradiction – how did people kind of react to that? You know, they probably can see it themselves, can’t they? Do you think they can or not?

P: HR could. I don’t know about the senior – I just think how the residents’ complaints and the thought of those complaints and having to deal with them outweighed anything. Even though they know it’s the right decision, they couldn’t balance – it didn’t outweigh, for them

I: So, I’m trying to think of what might have been on their minds as well as what you’ve already said. Were councillors in any consideration, do you think? So, you know, some local authorities describe to me how some councillors get very involved in things and sometimes they don’t get involved at all. Councillors, elected members

P: Yeah. Well, we do have a portfolio – that was who we followed in, [name of portfolio holder]. They’re not – in some local authorities, like you said, they really are involved in decision making. Here, not so much. But some decisions are obviously made by the executive and I’ve had recent experience with sexual health of those sorts of decisions. But this didn’t go anywhere near the councillors. But you’re right, it could be in future something that we would want to say to [the portfolio holder] “This is something that we want to do. We’re looking for your support. Is there anything that you could do to add pressure or support?” offer that support of what we’re trying to do. Yeah, I think that would be a good idea, but in that they weren’t involved in the decision making but they could potentially, I suppose, speak to – if they felt strongly about it. Would they? I don’t know. Cause the way that they make decisions is like as executive and we have scrutiny committees as well. But they’re not as – in day-to-day business, they’re not as involved here as they are at some other local authorities.

I: Just interested in this sort of idea of how it went to the very top level of decision making and the power dynamics within that. Did you have any insight from that experience of how power play out in those decision-making scenarios?

P: I didn’t before it went, but then it made me really think about it afterwards.

I: What did you think about?

P: Again, like I’ve talked about, about how we’d probably seek out or find ways of speaking to. I probably wouldn’t be the person that would go to the director of [domain] though. Do you see? I wouldn’t just – I don’t know them. I know who they are. But everyone would in the council, cause they’re like – they should be approachable, but I would first and foremost guess - standard practice is you go to your own director and then there’s the [acronym] director which is [name]. They would be who would have those level of conversations and it doesn’t mean to say I wouldn’t be brought in if there was a meeting to be had, but I don’t think I would go – I wouldn’t go directly to the chief executive. I wouldn’t email him directly. And I wouldn’t email the director of [domain] on something cause it wouldn’t be appropriate.

I: Yeah. So, in terms of DPH’s role, what kind of skills and behaviours does the DPH have to play to make these collaborations or these collaborative decision making -

P: It’s interesting. All DPHs have got their own style and I definitely know from our DPH that it’s – [they] choose their battles. So, obviously things that I’m not even aware of, they’ve got things going on a daily basis. Because of how the local authority and how his post is structured, it is quite – can be quite difficult for them because we have that [domain] director and [the DPH]. We’re in the same directorate, but they ultimately are the director for this - and we are now embedded within [name of directorate]. We were hosted, when we first came over. And there was a dotted line. But they were still ultimately – they weren’t there at the time – but they’re now as the main director. So, there are those internal battles and struggles with differences of style, differences of opinion and [the DPH] will have to choose their battles and how they play them. And their strengths are that they absolutely knows how to play situations that you think, you know, sometimes as an officer sometimes you might think – cause it’s so important to you, but they’ve got a whole host of – you get absorbed in your own silo of thinking. They’ve got a whole host of things. But they’ve usually got a plan and I feel like it doesn’t always go your way, does it, and that’s life. And some things you’ve just gotta accept, but you don’t give up. But I have to trust that where there’s will there’s a way and it might not be now, but it could be next year. And I think they’re – I do trust that they’ve got public health, they’ve got good values. You know. Yeah. They’ve got the right skillset. They’ve got their own style, but – I think they’re really good. So, would ultimately trust them – they talk to me. So, after it all happened, they knew I was clearly really disappointed and it makes you sort of think “Why have I bothered? I spent all this time and energy into this” when you got there and you don’t quite make it. But to take the positives, we did get quite a lot through, so we did do okay. It was better than where we were. And also, they asked, like you have, they asked me like you are as part of this interview to reflect on what would you do differently next time? What’s your learning? You know. We took it to a team meeting. So, I asked – they suggested that I could do that. So, I took it to a team meeting and gave the example and asked for people’s feedback. And, yeah, it was similar to what you’d think, cause you go down a route and then you think afterwards “I could have done that, I could have done this”. It’s experience, isn’t it, of certain situations. And it was probably my first management board. I had never been to [management board]. It was all new. Influencing policy in the workplace here. So, it was that new experience for me as well, personally. But [the DPH] was good at asking me to reflect and to share that with people. And then people, if other people had gone and tried to make changes in the way that I had, what can we all learn from this example?

I: Yeah. Were there any things that you think people took away from it?

P: Yeah. I think so. I think a few people have been looking at food in the workplace and mental health and alcohol. And I haven’t heard of any – it depends what you’re trying to get through, I suppose, and how contentious it’s perceived to be. Cause alcohol, well, there’s no drinking at work, so that wasn’t anything. But how many – it’s more about how to have conversations with staff that maybe are coming in and you notice that they’ve got alcohol on their breath or their performance has dipped. You know. It’s more about support for managers to talk to their staff, maybe, and what support is available knowing that. Whereas we were looking for more like, yeah, a physical environment change.

I: Do you think there are certain things which are harder to get through?

P: Yeah. And it’ll depend on the local authority and that history is really important. And the perception of the contentiousness, is that a word, of the nature of what you’re asking.

I: So, you were trying to change something structural, but also symbolic wasn’t it? It’s a shelter and it’s symbolic of something relating to the council. What about – so you mentioned support, so obviously there’s support services available and generally seems that that went through

P: Yeah, cause they like that angle. So, didn’t want to be seen to be telling. It’s like – you don’t want to be told what to do. People know that smoking is bad. I think I said it – not anti-smoker, anti-smoking. So, it was about creating – they were all coming, wanted it to – which I agreed to come from a really supportive environment. This is what we – we’re not saying you can’t – we’re not saying you’ve got to stop smoking, we’re saying if you want to, and we know most people that smoke do want to stop, this is what’s available to you through the workplace. If you want to carry on smoking – it’s not really a choice. People talk about it like it’s a lifestyle choice. Yeah, it’s a choice to try a cigarette, but you’re ultimately addicted, it’s addiction, not a lifestyle choice. So, I think that – it’s also terminology and language. Some people expect you to be able to just give up or just stop. But it’s how, yeah, cause like that – it does get people’s backs up if you say “We just want everyone to stop. Just stop smoking” like it’s an easy thing to do. And it is still someone’s – they’ve got to decide within themselves whether they want to or not.

I: Are there any other things that you can see on the horizon, either that are opportunities to bring this back, or things that are gonna be like the controversies of the future which require collaboration but might be quite hard?

P: In terms of this example, I’ve said the opportunity to revisit definitely with them bringing the smoking service in house. Yeah. If that’s not an opportunity I don’t know what is, cause we are providing that service for [place]. And that should be enough to – and we, yeah, I think that’s an opportunity. And I think again to try again, you can always try again. And frame it differently and be ready with your arguments, or counterarguments, and what you’ve learnt about warming people up and speaking to the right people before you even take it to see whether you think it’s got support or not. And if it hasn’t, what do you need to get that support? Anything coming up. There’s always things that – some things you think “Why?” Who’s the recentish one, this is very controversial, was around signing up to be age-friendly communities. It’s like a national thing. Not that I’m working on it.

I: Saying “No-one should be lonely in XXX as a place”?

P: Yeah, so that was a recent challenge that went to management board that they didn’t want to sign. I think there’s something about this local authority not liking signing up to things. So, we had a bit of an issue with them trying to sign up to the local tobacco control statement. There’s a local government – the declaration for tobacco control – which is a bit of a statement. Bit like that, saying “We as a local authority support da da da”

I: Lots of “we will” statements

P: Yeah, and we did sign up to that and all the CCGs signed up to that, but I think it was only because all the CCGs were doing it that that pushed us to do it. But it’s this kind of, I don’t know where it comes from, but there is this thing about signing up to things. They don’t like to just sign up to things. I don’t know why. They like to do their own. So, we’ve got our own – you know, they like to develop things in house sometimes. I understand some of that, but then I think if there’s already tried and tested things out there, why do we reinvent the wheel?

I: what do you think underscores that? Any idea?

P: I’m not sure, but maybe possibly as councils, local authorities become more commercial, there’s always the opportunity to develop something that is then saleable or could be traded. They call it traded services. So, if we have something that’s good and we’ve developed it, or we’ve even got an element of service delivery. So, I know in [service] [they go to other areas and] do their payroll.

I: I’ve not heard about tradeable services before

P: Yeah, so traded services are where the local authority can make money through contracts or through delivering services that we feel that we can offer. Where we’ve got capacity. It’s not just for [place], it’s beyond that. So, it’s building that commercial element and that’s ultimately why the in-house service came in house. It wasn’t what we advised as a public health team. We were gonna go out for procurement. A current provider we didn’t extend the current contract cause they hadn’t performed and we were looking at options. In-house had to be considered as part of the procurement processes. We didn’t seriously consider it. But they had a very strong feeling that this is something we can do here and it went – and that was a really contentious. Sorry, everything’s contentious – a really contentious decision, again, at management board when [the DPH] was on holiday, that the service was to come in house. We had a halt, we had a pause to procurement, and it was so complicated. That’s a whole other story.

I: Yeah, it does sound quite complicated

P: But ultimately a decision was taken at very senior level. Because of direction of travel that not often we have got that insight and that – we don’t know within what context you’re taking decisions. You know? Sometimes you think “Why didn’t that land right?” because there’s a direction of travel that you’re not aware of. That’s important. Definitely.

I: And that’s an authority-wide thing?

P: Yeah, it’s very at the top. It’s a direction that they’re looking to take the authority in and if they think something fits that, then it doesn’t matter whether we’ve got very little power or influence or control over anything, even though it’s our service areas. We can ultimately be just told.