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I = Interviewer, P = Participant

*Discussion about room booking*

I: No, okay. So, we’ll just crack on. Do you want to start by telling me a bit about your role here [at place]?

P: Okay, so, consultant in public health. Fairly mixed portfolio. Oversight, health improvement, functional health improvement team, in effect, but then also specific lead on mental health fairness inequalities. Community asset-based development type stuff. And also, I lead the health and wellbeing board and health and wellbeing strategy development for the [place] as well. So, sort of three quite distinct areas. Staff team - I think I line manage about 7 or 8 staff

I: Are they all public health?

P: They’re all within the public health team, although a couple of posts – which are specifically there to support the development of health and wellbeing board – sort of goes beyond the public health function, really. So, they’re partnership posts. One around engagement and one around board development and support on partnerships

I: Right, okay, yeah. So, you’ve got quite a broad portfolio then. So, who do you work mostly with across the portfolio?

P: Within the authority? (Yeah) Okay. So, within the authority, I suppose touch on a number of linkages. Particularly adult social care, housing, transport, neighbourhood teams, portfolio lead in particular, obviously around health and wellbeing, also as the champion of mental health. So, a little bit with HR and sort of corporate - corporate intelligence. Chief exec around the fairness stuff and inequality. So, those are my main linkages within the authority

I: And beyond>

P: And beyond, yeah. So, absolutely. Key bodies for me around – to greater and lesser degrees - there’s [name] who’s the health and wellbeing lead and then myself and [name]. [Name] is a consultant lead with the CCG. But I also have direct linkages and working relationships with CCG. Particularly around the social prescribing, community stuff. And some of the marketing comms around key campaigns, that kind of thing. And some of the integrated commissioning obviously, supporting staff who lead on commissioning. Public health, so, particularly around sexual health, tobacco, would be two of the key ones really. And then VCSE sector for me is a key one in terms of wider partnerships. But also, through the health and wellbeing board, I suppose the representatives around that table are my sort of – the partners that I work with. So, that ranges really from [place] representatives, local authorities, CCG, VCSE, private business, a range, really.

I: Gosh, sounds like a lot of different stakeholders. So, as you know, this piece of work’s all focused on health in all policies. So, obviously you work in public health and work to include health in policies of others. But what does it mean to you – what does the term “health in all policies” mean to you?

P: I mean, I suppose, you know, if you go right back to the basics of what public health is about, in that there’s a whole set of things that determine people’s health and those areas of influence – sorry, one major influence I missed out was economic regen. That’s a significant one for us. Um, for me there’s health potential and considered health potential within most policy arenas, to greater and lesser degrees. So, for me, it’s about unlocking the health opportunities through the policy levers in other places, really. Where we’re really clear on the evidence around impact and changes at policy level, ensuring that those are embedded. So, for me, it’s about others championing health outcomes through their own policy responsibilities. So, a key bit of work we’ve got going on at the minute is around the SPD and getting planning, if you like, to really embed some of those health elements within the SPD and how that’s applied locally. [Person] will probably talk a bit more about that. But that feels a real practical, you know, we know other places have done some of that and we’ve been facilitated through PHE to explore that a little bit more. But I suppose, you know, it’s always been there, there are always key areas – one specific one here is we have real poverty in relation to housing. And benefits and that kind of stuff. But I suppose the challenge is at what level you do that. And you can do that at a number of levels, but unless the platform is set up nationally, which sometimes it isn’t, it’s then very difficult to activate, I think. People to move from “This sounds like a good idea” to actually doing and delivering in a different sort of way

I: So, how does it manifest itself in [place]? Do you see that a health in all approach is in evidence?

P: I don’t think it’s systematic. I think, at this stage of the game, it’s opportunistic. Where we’ve got strong partnership arrangements, where we’ve got good connections, where we’ve got some expertise, I suppose, in the team around certain areas, you can see how that’s pushed through more proactively. It isn’t a system – I would say it’s not a systematic approach at the minute. We haven’t done a broad scale “Right, what are the policy levers that we have in our gift at [place] level and which ones are we systematically targeting in order to make sure-?” I think we’re still in that “Try it, let’s see how it feels, get partners on board”. So, I wouldn’t say it’s robust, but I think health is a key consideration in this [place] because of the extent to which public health is embedded here and embedded in the organisation. And I think its partnerships in its own right are quite solid out with the local authority as well. DPH is now also deputy chief exec, so there’s a real opportunity to always frame stuff through sort of a public health lens. So, be that economic investment or [place] plan or the industrial strategy - those sort of things that are big things, you know? Big and significant. We’ve got a place at the table through DPH and obviously [inaudible] as well

I: So, you said public health’s embedded in the [place]. So, what do you mean by that? Do you mean like over time, or it’s got a history of it or a culture of it, or? What do you mean?

P: I mean, I think there is a - there’s almost a social undertone to the way this place works. Similar to, similar experience in [region], that means that inequalities is thought about and considered and part of the story. And that – because there’s quite a stable workforce in [place], you don’t get a lot of influx in and out. You’ve seen a sort of professional community and the community grow over time. So, things have been cumulative whereas quite often when you get into particular programmes of work that come in and out, you know, policy-wise from national, they then go. There is a real sense that you hang onto what’s good and what’s working so you can see that through, you know, we still have sure start centres. You know? That kind of thing is really there and valued. Whether you want to label that public health or not or whether you want to label that something, something else. We know ultimately that there’s positive health outcomes through those sorts of policies and their application. And I think we have clung onto some of that. Probably to a greater degree than some other places

I: Yeah. How have you been able to do that?

P: I’m not sure I’m best placed to answer that. I only came in February. But I do think it’s this continuity of people is quite significant, cause to lobby and to have solid arguments that you see through – I think I can see evidence of that. Do you know what I mean? History’s played back to me quite a lot, day to day. I – “We tried that in the 90s and here’s how we implemented it and here’s where it’s at now.” You know? There’s almost a journey for some of those things. I mean I may be looking through rose-tinted glasses, but that’s how it, that’s how it feels as a public health professional working here

I: yeah. And so, do you see certain aspects of a health in all approach being applied across different policy areas? Or is it just sort of more of an organic – sounds like quite a reactive approach

P: Yeah, it’s reactive apart from I think there’s a very deliberate and specific push now around inclusive economy. And thinking about economic growth in the [place] and a recognition that that’s not equitably felt in terms of positive impact across -. And I think that’s a combined effort, really, now, to coalesce around that and that’s been what has been underpinning the push for a fairness commission in the [place]

I: And when do you think that inclusive economy idea first emerged?

P: Probably a couple of years ago, I would say. When the [place] plan was being drawn up. I mean, I do think, you know, the sort of messages and the stuff that came out of Due North, they did pick up quite strongly here. [Name] was one of the DPHs that was on the independent inquiry and I think brought quite a lot back. Plus, [place] has to sort its own economy out, cause it is quite isolated. You know, it’s not part of those bigger – or it wasn’t – featuring strongly in those bigger devolution type conversations in [place and place]. So, there was a push, as well as a pull, I think, in getting that in there.

I: So, what are the major components of the [place] economy? I’m not very

P: Well, [feature] is really significant in terms of economic development here. Its history, so, building that up, maximising some of the positive stuff that came out of [event]. It’s going for [prestigious] status as well. So, it’s sort of elevating its position nationally. And, I mean, high industry and high levels – very accepting, I think. What quite surprised me when I came to [place], lots of different cultures coming here, residing here, immigration is seen as a positive here in terms of building a new, building almost a new economy here. Not based on its history, but what it can do around attracting others and sort of embracing some of that. Its big push at the minute, as I understand it, is around sustainable energy and the green port and that push. So, that whole sort of environmentally friendly energy thing is a big, is a big push as well

I: And so, in terms of linking it to population health and health inequalities here, how is the economy made, or plans around the economy, made more inclusive to promote better health? Are the plans still under construction?

P: Yeah, I think to be fair they are. And I think LEPs are in a bit of a funny place as I understand it. They’re not quite sure what is happening around money and Brexit and all that I think has featured quite strongly in some of that. I mean the key bits are around skills training; equipping people ready for the posts coming. The trouble is, quite a lot of those posts coming are highly skilled (right). So, you get a net drift from [geaography] in terms of people taking those jobs and it’s not local people, necessarily, that are benefiting from some of that. And the other bit for me is there’s no – well, what I can’t sense – a real push towards growth of the social economy in the [place]. So, the, almost the infrastructure support around VCSE sector I think has been quite damaged through the cuts and I think that’s had quite a – it’s a strong sector, but it’s not a coordinated sector. So, it’s probably not really punching its weight, I think, at [place] level.

I: Yeah. And how important are the, is the sector for the delivery for the delivery of better population health?

P: Absolutely critical. Critical. And as we, you know, the models are shifting, becoming even more critical, particularly if you look at issues around adult social care needs and that kind of stuff, it really is, should be a sector that we are absolutely nurturing and building and supporting for economic gain as well as social outcomes. But I just don’t get – unless I’m not in the right places – but the story doesn’t quite add up around that balance at the minute

I: I was gonna ask about what mechanisms there were available to link up policy areas, but there’s also a question there around what mechanisms are available for the local authority and the voluntary sector to work together to deliver better population health. Are there any –

P: Yeah, there’s a push around integration, but I think they’ve – they’ve thought about commissioning integration as opposed to delivery integration at the moment, so it doesn’t feel fully open – that it’s – we’re not in a space, I don’t think, of genuine co-production at the moment. I think that’s an aspiration. That would be an aspiration, one of mine, around the fairness commission. That it starts to nudge the system a little bit more in that direction. You know, the evidence around the shape and type of delivery and potential outcomes that you get from that I think is reasonably solid. So, but that’s a sort of system move. And I think the fairness commission, it will be a chance to shine a light on some of that and make some of those bolder statements as an independent body which you often can’t make as a local authority or

I: Yeah. So, the fairness commission might actually be the starting point for those more formal mechanisms

P: Hope so, yeah, that would be my aspiration

I: So, going back to my original thought about linking population or public health with different policy areas. Like you’ve mentioned lots of different policy areas there. Are there any routine ways that people get involved with each other, health and other areas of policy, to deliver better population health as well as kind of other outcomes of those policy areas?

P: Yeah. I suppose we have embedded ways of working around some of that. So, an example of that would be the children’s. There’s a children, young people and families directorate, there’s a sort of strategy set in there, public health is at that table. So, we have a role to support and influence some of that, both through our responsibilities around commissioning [?? 0:18:33] but also at a more strategic level to highlight those particular areas that perhaps aren’t getting sufficient attention. So, one from me would be around child poverty, you know, and the sort of levels and what’s there. Children’s sector response to that and trying to gather some energy and effort and focus around that.

I: What tends to be the focus [?? 0:19:08]?

P: I think, given the financial climate we’re in, I think it’s doing the best with what we’ve got in terms of service delivery, as opposed to – that step back and actually is the shape and direction of this perpetuating some of the problems, or could it be done differently? So, it’s not a real, and it’s difficult, isn’t it, when you’re in the thick of it. And there have been some real challenges around OFSTED and that kind of stuff as well. That’s key. And the dynamic with schools and academies and, you know, the majority are academised trusts in the [place]. So that’s changed the dynamic about how you open some of that up

I: Right. In terms of making things trickier?

P: Trickier, I think. It’s almost – it’s an additional level of negotiated access to go to those that have lead responsibility around those. We have got effective ways in, but I suppose it’s framing what you want to do around the focus that they have, as opposed to sort of purist “We’re here to talk about the health of the population of the kids of [place]” you know, you’ve got to frame it a little bit differently, I think.

I: Okay. So, we’ve got – you’ve got a link there between, like from mechanisms for, in the children and families and public health. Are there any other areas that stand out to you that are sort of robust and helpful mechanisms there?

P: Well, I suppose we’re quite – in the model that we have, so, [person] is a, they’ve changed them to [role] now, they were [place] managers. They come together. So, they operate as a, if you like, a cohort of second level directors in the organisation. So, they’re always around the table together, so there is an opportunity for housing and street scene and licensing and public health as a routine way of doing business. So, you generally have a real sense of what’s going on in each area. Maybe not specific detail. And I suppose what we do is we frame, you know, one of our key priorities and our programme areas, and where do we need to be infiltrating or building some of that? So, [person’s] a good example around active travel, wanting to make a very keen, robust approach around that. There hadn’t been – there’s lots of great stuff happening that we didn’t know about. So, convened a sort of get together across the organisation, anyone and everyone who had a potential interest or role to play to just try and map and think some of those opportunities. So, often it’s not about doing, but some of this stuff is happening, we just don’t necessarily make explicit the health dimension of what others are doing because we’re busy getting on with the job as opposed to that articulation outward of. But I think the ones to push – we need to push on housing, that feels an absolutely critical one to me and the whole sort of economic regen. I think we’ve got a sort of platform of that, but we need to turn it into a bit more of a reality

I: Yeah, and so you said there about not – you don’t necessarily make it explicit that there’s a health dimension. Is there any reason for that? Or is that just that it’s the way it is?

P: I suppose it’s who do we need to tell? I suppose who is that for? Is it just to stroke ourselves and say “Aren’t we doing a good job? Everyone else is doing public health” you know. I think the useful exercise is to get others to understand that what they are actually doing day to day is having a public health impact. I don’t feel the need, particularly, to promote it beyond that because some of it is covered. And I think, you know, there’s quite – I suppose when I say public health’s embedded – there’s a strong narrative around public health. Don’t feel the need to keep re-selling. I don’t have to keep going to the tables of regen or whatever and say “If we improve health outcomes we’ll end up with a more economically productive [place]”. They get it. They know it. I don’t need to keep reinforcing it. So, yeah, I – but I think the gap, for me, is there is no mechanism of constructively challenging upwards around what’s missing and what missed opportunities there are at policy, at national level. That’s the bit that feels like – “Oh, that’s a real missed opportunity.” I know if you go back about 10 years there was a real push on cost of not working and, you know, I’m going way back, sort of [?? 0:24:34] report, it mapped it all out by government department what you would want to see in each policy area. We haven’t got that

I: Why do you think that is?

P: I think public health has been diluted to – its role in - too much focus on individual behaviour change and health behaviours as opposed to system levers, would be -. That just feels a direction of travel over – from government – over the last 5, 6, 7 years, something like that. So, I think we’ve lost a bit of the – it doesn’t feel as though public health advocacy is PHE’s territory. And if it isn’t, I’m not sure whose it is. And if that resides with local government, then local government needs to be far stronger and coordinated in order to do some of that.

I: Are there any signs of that happening?

P: There might be. There might be, but not the level at which I operate. I wouldn’t necessarily be in those circles. You know? And whether that, it’s felt that collectively DPHs come together on a regional basis and they feel as though they’re channelling up, or they’re using their chief execs collectively to escalate. I don’t really have a sense of that. Don’t move in those circles (both laugh)

I: Sounds like you’ve got plenty on your plate anyway. Just one other question then, sort of like how we understand health in all, or public health approaches to addressing, you know, quite difficult social issues. Or whether the social issue is helpful to look at it from a public health perspective. I was thinking of other places nearby, or other places you think of nationally where you can see, like, a more coordinated approach to health in all, has really seen results or a good example of how, where public health has been central to, or addressing health inequalities has been central to what a local authority has done and

P: Yeah, I don’t know whether it’s what a local authority’s done, but what seems to have caught attention is when the public health approach to violence was published which I thought – I thought “Oh” not necessarily within the public health community, but I think within other professional networks within the criminal justice, that kind of stuff, it clearly had a really – I think it energised people to look at an issue slightly differently, through a different lens. And be very accepting that another professional discipline could actually have a view on a wicked issue like violence. So, I saw that as a really helpful way of just opening up the conversation about are we too reliant on individual disciplines and specialists dealing with the wicked issues? So, I can say the same about health inequalities – it could not be me, you know. For me, it would be about opening up what do others see as the opportunities through their lens for delivery on that? As opposed to constructing it from a public health – and I think we have to be a little bit less arrogant sometimes. That public health has got, I think we’ve got a lot of learning to do from others. And that’s certainly what I’m learning being in local government. Some people have been round this territory a lot longer than we have and they’ve been doing stuff longer than we have. And they’ve got a lot of lessons to teach us. So, I suppose

I: What are the key sites of learning, do you think? Who are you thinking of in particular? Police-

P: Well, there was the whole – yeah. And I suppose the whole bit around understanding your population. You know, they deal face to face with real people about real issues and real problems. And the stuff that we try and understand and then think “Well, we need to find it out for ourselves”. I just think there’s a real merit in unlocking some of that. So, there’s customer service centre, CAB, you know, DWP in particular as well would be another one. These are our sources of public health intelligence going forward, I think. And I’m not sure we’re – you can sort of launch into the health in policies bit, but I think we’re doing it a bit blind unless we’re a little bit firmer in our understanding of places and people. And I don’t think public health – traditional public health data intelligence – doesn’t necessarily give you that. But people locally have got some of that.

I: Right, yeah. So, it goes back again to your point where you’re talking about the fairness commission. About co-production.

P: Yes, absolutely

I: So, sort of picking that up. What do you see would be the real benefit, then, of using a co-production style approach to this kind of wicked problem of increasing economy[not sure on last bit -:030:42]?

P: Well, you get creativity, you get innovation, you get challenge, cause people aren’t confirming to their individual bit of the system. I’m sure that, you know, there’s – it feels like, at a local level, there’s a number of instances where things are pulling in direct opposition. You know? And for me, it would potentially smooth or address some of that where, you know, individuals. You know, we talk about fairness and poverty and being absolutely central. And then I hear about the council tax debt policy in the organisation and how that’s enacted. And it’s in direct opposition to what the organisation is saying it wants to do and achieve for its citizens. So, it’s things like that that – there needs to be some design. And relatively simple stuff. So, whether you would call that health in all policies or, you know, some sort of common framework for how we go about doing what we need to do to deliver services and support the population. That, for me, is the merit of co-production. It makes more sense to the people it impacts on

I: Yeah. How would you go about sort of involving citizens, then, in say – for example, the case of the fairness commission work

P: Well, we’ve just kick-started – we’re launching a whole framework for engagement around health and wellbeing in the [place]. So, rather than – so, hopefully end of Feb, beginning of March we’re gonna do that. So, what we’re trying to do is build a mechanism that the [place] uses for engagement. Irrespective of what that engagement is about. So, there is an almost means by which we talk, hold events, have a flow through digital routes in terms of information coming in and information flowing out. At the minute that will support the development of the next health and wellbeing strategy that we’re developing for next Autumn, but it’ll also serve other purposes. So, the intelligence that comes through there will go to the fairness commission, to the health and wellbeing board, to support the strategy. And in the future could be used for other things as well. So, it’s a bit experimental but I think we’re up for that here. And keen to do that. So, I suppose that’s an opportunity, you know, you could argue that what I’m aiming for is a co-produced health and wellbeing strategy where engagement is absolutely central to what’s in there, how that’s shaped and how that’s delivered. So, yeah, you know, more than happy to, as that progresses, just let you know what’s coming up

I: Be interesting to see what kind of challenges you come across. Can you foresee any?

P: Yeah. I think at the minute – we’re gonna struggle a little bit, I think, in handling what comes back effectively, in a way that almost roots it to where it needs to be in the [place] to help decision makers and planners do their jobs. That is that flow that feels as though it may be – and that’s a basic handling what is essentially qualitative data. How do we do that in a way that becomes almost quite quick and simple? And I know it’s not quick and simple to do, but we need some way of fairly easily tracking that as a set of organisations. So, we’re having a meeting in January just to think about what we’ve already got because organisation’s already got things like people’s panel and various other – so we’re doing some of it. But just trying to join it up a little bit

P: Sounds like a secondment opportunity

I: Yeah, it does, absolutely. Somebody who loves their qualitative data as well

P: I wanted just to move on a little bit onto how collaborations happen and happen well. So, you’ve got lots of experience of collaboration across policy areas, across delivery of services, commissioning and so on. I was wondering what makes for a successful collaboration in your experience.

P: For me, it’s when you can corral around an issue or a problem or a challenge. And sufficiently park your own needs as an organisation or your own needs as a professional individual to really thrive in a collaborative environment. And, I suppose, see beyond your own is where – it sounds a bit twee, doesn’t it? But you know, genuinely feeling the pressure together of sorting something or doing something. That, for me, is – yeah, those experiences, where it’s felt like that, feels to me like they’ve been the best examples of collaboration that I’ve been in. It’s that shared approach, isn’t it, that – and we did – there was a leadership course last week that we’re doing as an organisation. The focus was collaboration. And we sort of picked out that, you know, when there’s those times of really getting in there and sorting something out, so, the flooding or, you know, if there’s an emergency. You almost instantly go into collaborative mode. You sort of fast track that “Oh, let’s have a partnership. Let’s…” you know. You just fast track collaboration. We talked a little bit about how to make the issues that we’re trying to work with – you get that sense of heat and urgency to come together quicker. And I think that’s what I wanna try and do around this whole inequalities and fairness stuff. Create a bit of heat so people can feel like “Yeah, we’ve really gotta sort this”

I: How do you do that?

P: I suppose you’ve gotta create a bit of pressure – you’ve got to expose things. You’ve got to get into an uncomfortable place or, you know. And we know when it’s uncomfortable that means that people are learning, people are more creative, people are searching for ideas because they’re trying to sort something. So, for me, there’s about – it’s gotta feel a bit uncomfortable.

I: And so, have you got an example in your mind when you’re thinking about – you mentioned some urgent issues – but when you worked in a good collaborative environment. Have you got any examples that you’re thinking of? Or series of examples? Doesn’t matter if you can’t think of anything

P: No (long pause). Yeah. Mine just feel a long time ago cause I don’t feel it’s been that sort of environment whilst I was in PHE. So, if I think pre-PHE, where we, you know, we had to deliver on health inequalities. I’m not a fan of targets but we had a set of targets. So, you felt this sense of something and that someone was watching, and we had to deliver and answer and put in the right things at the right time and turn the curve. And although they stopped watching the year before, the year after the curve started to turn. So, that’s my last sort of feeling of that real, you know, I just don’t think there’s enough – it sounds like I’m raving about “We need some targets”. I don’t believe that, but I want to self-create that amongst ourselves, that actually, you know, a child living in a deprived community in [place] at the minute, we can do better as a public sector, as a VCS community, we can do better. That’s just one example. So, it sounds a bit of a moral argument, but I think it probably still is.

I: Sure. Thinking about who influences discussions in – I’m conscious of time as well – I’m interested in the dynamics of, and of power in decision making. So, as a public health professional, how do you gauge the sort of politics and dynamics of situations where you’re trying to promote a population health outcome, or population health approach or process? How do you judge the sort of politics of where you sit at the table so that that partnership or that collaboration works for the benefit of population health or health inequalities? Is there something about the politics that affect how you work?

P: I mean it’s as with any public health – you’ve got to find your champions and find your levers. And locally, some of those are politicians. But I think it’s about finding those voices that are prepared to do the speaking. I don’t necessarily think it’s about wading in, leading from the front. There’s been a bit of that traditional public health expertise type thing. I think it’s a very different game locally. I think what we do is you’re equipping those and supporting those to be confident with their voice and their position. And I suppose get them to think about what their role could be and should be in relation to that. So that would be – you know, I say the same to members of the team as I do portfolio holder. I suppose it – it’s thinking about the bit of the system that they operate in and what might need to happen and change in that. Sometimes that’s more hands on from me, sometimes that’s just backing off and equipping that person. But that’s the sort – that’s the art bit, isn’t it? That’s the subtlety of relationships which, you know, we say “Oh, relationships are really –“ but you can’t do the job without really managing relationships incredibly effectively because they can do a lot of damage as well and I suppose I have a sense of that locally, where people have struggled with relationships with individuals. It has a direct impact on whether some work happens or not. And I suppose I’ve never really felt that before, but I certainly do in local government.

I: What happens when things do go wrong? Cause I think sometimes it’s helpful to learn from not where collaborations or partnerships happen well and working towards a common goal, but where they go wrong.

P: I think they don’t think about outcomes in the round at the start. So, that step back, “What are we really about?” you know. And anybody in the rooms I sit in who says that they’re not about “Try and do the best for the population here”, generally, if you take it back to that we’re in the same place, aren’t we? And then you just build gentle steppingstones towards how your particular agendas or policy areas help towards some of that. But I think you have to give it the time to go right back. You know? And be quite giving of yourself and your own values in that. People won’t share where they’re coming from unless we’re quite open, value driven. I mean public health I think is quite a value-laden area, isn’t it? There’s almost a set of principles around public health that mean you have a set of values and that’s part of what you operate to. And I think you have to be quite open about that and you can’t assume that those are shared. And people can’t understand them unless you articulate them. So, I think it’s just that real – classic phrase, authentic leadership. But you have to give a bit of yourself in a political environment

I: And just a short piece around politicians. Can you think of local champions, politicians as champions, really, for having population health or health in all as their kind of goal?

P: Yeah, absolutely. There’s really clear examples.

I: And what sort of – how do they operate and what sort of things do they embody?

P: So, I think they – I mean they’re very demanding here. And I think that’s okay. I think somebody needs to be, you know, about making it a bit uncomfortable and challenging. And “Why isn’t this done tomorrow?” which on one level you could say is infuriating, but actually it’s giving some of that uncomfortable energy stuff. So, for me, they have the ability to exercise, through their position, some of the questions back to us about priorities, where our energy’s going, “Why are we focusing on X rather than Y?” which, yeah, we have to be ready to answer some of that and we’re not – we haven’t always been. So, that means you have to be very fleet of foot in your way of working.

I: And so those politicians or local counsellors that take on the health, population health message or health inequalities as a cause, what do they do to – how do they operationalise that? How do they operate? Other than challenging you, what else?

P: I suppose it’s an advocacy job. You know, if they’ve got a sense and an understanding of the public health priorities, they would have an advocacy role. They would offer challenge back to the system. But equally, they would be taking issues to their peers. I mean, that’s what they’re really, really useful. So, you know, you can say, well, you equip portfolio lead to have a conversation with the portfolio lead for licensing around alcohol premises, or tobacco seizures or. So, you can almost, if you like, visualise which policy’s going whereby the connections that you try and build across, within cabinet. It certainly feels like that, within cabinet. I still feel less clear how that whole dynamic works with sort of back benchers, but. Yeah, it’s an interesting – you know, and they are scrutiny. They are, and that scrutiny is not just us, but the whole [place]. And that’s a very powerful place to be. And although we’re sometimes – we’re quite often being scrutinised – we’re also helping them and equipping them to scrutinise other things that are happening. So, and that’s across all. I think we’re probably really effective with sort of health and wellbeing scrutiny. I think at the minute we probably need to think more specifically what could be gained through a stronger relationship with the other scrutiny

I: As a way of mobilising health in all. Yeah, sure. So, one last question then, aware of time. But what support would you like to better enable a health in all approach to policy work across the council?

P: I mean it would be good, almost, to have a - I’m just thinking about the [inaudible] improvement programme, whether health in all policies could form a much stronger dimension of that programme in the region. To be asked - for me, at the stage we’re at, I think something that can help facilitate challenge to ourselves about the approach, the extent to which it’s systematic and what we might need or could be doing or learning from others around being effective in that realm. So, you know, the whole team almost facilitated to do its thinking would be really helpful. It’s hard time to carve out. And because it’s so implicit, you can sort of say “Oh, we’re doing it already” but actually, to be very deliberate, step back and say, you know, “Are we doing enough? What are we missing? What learning could be there for us?” that’s, I think, where I would say the help’s needed

I: Sure. Who do you see as facilitating that? Or who would be helpful facilitators for that kind of exercise?

P: I mean, I assume PHE if health in all policies is still seen as a significant priority for PHE. And I suppose I – I don’t know. I don’t know. I don’t know how convinced I am of that at the minute. Or it may be being badged as something different. So, still doing the same thing, but I think it needs reigniting and I think probably now’s a really good time because we’re all settled in, you know, I’ve joined late but the teams that are here, they’ve had a few years at it now, they sort of know where they’re at, the relationships are there enough to start pushing on. So, it’s probably not a bad time, actually, cause we’re more mature as a function

I: Yeah, makes sense. That’s brilliant. Thank you very much, have you got any questions for me?

P: I don’t think so, no, not at all

I: And of course, if you do then you know where I am