

**To:** Leadership Board

**On:** 19 September 2019

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**Report by:** Chief Executive

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**Heading:** **Scottish Government - Public Health Scotland Consultation**

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**1. Summary**

- 1.1 On 28 May 2019, the Scottish Government published a consultation document relating to the establishment of the new public health body for Scotland – Public Health Scotland (PHS).
- 1.2 The body is being established following a review of public health activities, and the publication of new public health priorities in 2018. It is intended that PHS, will support whole system change across Scotland in terms of reducing health inequalities. Local government have been represented in the development process through COSLA and wider professional organisations.
- 1.3 Following some delays in its proposed establishment, it is now intended that the organisation will be up and running by end 2019, following the recruitment of a Chief Executive, Chair and board members. The consultation focused on some of the key aspects such as partnership working, governance and data and intelligence sharing. Much more detailed planning and engagement needs to be undertaken in terms of how staff working across health improvement and protection activities across sectors (including those employed by local authorities) will work together more closely with the new body.
- 1.4 The deadline set for responses to the consultation was 8 July 2019, during the Council's recess period. In order to meet the deadline, officers submitted a response by the deadline date and homologation of this response is now requested.

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## **2. Recommendations**

2.1 It is recommended that members:

- Note that a submission was made to the Scottish Government in relation to the Public Health Scotland consultation on behalf of Renfrewshire Council;
  - Agree to homologate the submission made on behalf of the Council to the Scottish Government in advance of the submission deadline.
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## **3. Background**

3.1. On 28 May 2019, the Scottish Government published a consultation document relating to the establishment of the new public health body for Scotland – Public Health Scotland (PHS).

3.2 Public health reform is a partnership between Scottish Government and COSLA, however, it is recognised that the combined efforts of partners from across the public, private and third sectors and, importantly, from local communities are vital to achieving this ambition. There are three strands to this joint approach:

- agreeing public health priorities for Scotland;
- establishing a new national public health body for Scotland; and
- developing a whole system approach to improve health and reduce health inequalities.

3.3 These priorities were identified through a review of public health, with new national public health priorities developed in 2018 and embedded within the National Performance Framework. The next stage in the process of reform is the establishment of the new body which will bring together a number of government agencies such as Health Protection Scotland and the Information Services Division (ISD) in the first instance.

3.4 National and local government will have an important role in ensuring that improving the public's health is increasingly at the centre of policy and strategy. It is also important to highlight that it is proposed that local government will work with communities, third sector organisations and public health teams to engage and empower citizens to tackle Scotland's public health priorities.

3.5 In addition, community planning and health and social care partnerships will be enablers of change and will increasingly work with public health teams and communities to realise the reform ambitions for whole system working to improve the public's health, by developing local solutions to local public health challenges.

#### **4. Consultation response**

- 4.1 The consultation relating to the establishment of Public Health Scotland ran for a six week period between 28 May and 8 July 2019. The consultation was general in nature, seeking issues on broad areas such as:
- Accountability
  - Governance
  - Strategic planning
  - Links to community planning
  - Engagement with communities
- 4.2 Due to the date for submission being during the summer recess, a response on behalf of the Council was submitted by officers at that time. This is attached as Appendix 1 to this report. The Council's response is broadly supportive of the whole systems change approach to reducing health inequalities being adopted, with the most significant area of commentary being on the requirement of the new body to consider how it will make local relationships work to achieve the greatest impact.
- 4.3 There are no other material issues to note at this time, other than that there is potential for the functions of the new body to be further explored in terms of links with local authorities, particularly around areas such as environmental health and health improvement. Similarly, discussions are also ongoing at a national level in relation to how staff from Public Health Scotland should operate at a local level and where they should sit in terms of location and organisation to achieve the greatest impact. These issues are not included within the scope of the current consultation.
- 4.4 As it was not possible for board approval to be sought given the consultation timetable, the consultation response is therefore presented to the board for homologation.

#### **Implications of the Report**

- 1. Financial** – none.
- 2. HR & Organisational Development** – potential future issues in terms of links between Public Health Scotland and the local government workforce are commented on within the report for wider information, but are not considered within the consultation document itself.
- 3. Community Planning** – the new whole system approach to public health will require full engagement and commitment of all partner agencies.
- 4. Legal** - none.

5. **Property/Assets** – none.

6. **Information Technology** – none

7. **Equality & Human Rights** – none.

- (a) The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

A key element of the new approach to public health proposed, is the ability to significantly reduce health inequalities.

8. **Health & Safety** – none.

9. **Procurement** – none.

10. **Risk** – none.

11. **Privacy Impact** – none.

12. **COSLA** - COSLA has a joint role in terms of developing the new approach to public health.

13. **CLIMATE** - none

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## ANNEX A



### Consultation on the new national public health body 'Public Health Scotland'

#### RESPONDENT INFORMATION FORM

**Please Note** this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:

<https://beta.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- ☐ Individual
- ☒ Organisation

Full name or organisation's name

Renfrewshire Council

Phone number

Address

Renfrewshire House  
Cotton Street  
Paislev

Postcode

PA1 1WB

Email

laura.mcintyre@renfrewshire.gov.uk

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- ☒ Publish response with name
- ☐ Publish response only (without name)

#### Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

☐ Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☒ Yes

☐ No

## **CONSULTATION QUESTIONS**

### **Chapter 2**

#### **Question 1: Do you have any general comments on the overview of the new arrangements for public health?**

As set out in the consultation paper, public health reform cannot be achieved by one single organisation, and therefore the partnership approach being developed based on shared leadership and accountability, is welcomed.

The role of local government, community planning partners and the third and community sectors will be key to the success of the new vision and priorities for public health. Whilst the importance of partnership working at national and local levels with these sectors is discussed fully in the report, the mechanisms for achieving these new closer relationships need to be much more fully defined. The consultation indicates that existing strategic planning arrangements will be used through LOIPs and Local Delivery Plans, with the proposed inclusion of Public Health Scotland as a statutory public authority in community planning legislation.

Whilst this approach is to be supported, greater co-ordination of resources may also be required to achieve the step change that is set out in the vision for public health. Resources, including funding to support tests of change, and local strategic needs assessments would also be helpful and welcomed.

Local Authorities and Health and Social Care Partnerships are key enablers of change in local areas and as such early dialogue with Public Health Scotland is important.

The current Information Services Division arrangements by deploying some staff members to the local areas, should be replicated to ensure meaningful collegiate working with local public health teams.

### **Chapter 3**

#### **Question 2: (a)What are your views on the general governance and accountability arrangements?**

The consultation paper sets out proposals for the accountability of PHS to COSLA and to Scottish Government. These are welcome given the vital role of local government in terms of tackling the social determinants of ill health.

The paper suggests that ultimately the body, as a special health board, will be accountable first to Scottish Government, with a memorandum of understanding to be developed with COSLA to address joint accountability and involvement of local government. It is suggested that the development of the culture and public messaging in relation to this governance will be very important, in order that all stakeholders including the public, understand this shared approach.

Section 22 notes that Public Health Scotland may recommend potential further action within localities. Further information would be helpful in terms of the scope of this action and the legislative powers that PHS would have to undertake this work.

**(b) How can the vision for shared leadership and accountability between national and local government best be realised?**

Whilst not specifically referred to in this consultation paper, it is critical that the structures which the new body will develop, reflect the balance required between the national and local focus. There is a clear need for greater collaboration to achieve national priorities, however at a local level, structures need to be in place which facilitate ongoing and meaningful partnership working. For example, how will officers from NHS GGC / Renfrewshire HSCP/ Renfrewshire Council and Public Health Scotland actually work together at a local level.

**Question 3: (a) What are your views on the arrangements for local strategic planning and delivery of services for the public's health?**

As highlighted above, it is suggested that further work will be required to be undertaken by the new PHS body to develop local and regional partnership arrangements. Utilising existing strategic planning and community planning arrangements will be a helpful starting point, but significant step change will be difficult to achieve without additional resource to coordinate this activity.

**(b)How can Public Health Scotland supplement or enhance these arrangements?**

It is suggested that PHS should explore whether more targeted/co-ordinated strategic planning arrangements are put into place. For example, community plans or Local Outcome Improvement Plans are all encompassing, and there is often a requirement to undertake more focused activity through alternative mechanisms etc Child Poverty Action Plan. It is suggested that if PHS intends to work with local partners to undertake strategic needs assessments, identifying priorities through enhanced intelligence, then local action plans should be developed and committed to by partners.

**Question 4: What are your views on the role Public Health Scotland could have to better support communities to participate in decisions that affect their health and wellbeing?**

The role of PHS in terms of supporting communities to participate in decisions about their health and wellbeing is critical to the human rights approach proposed in the consultation. Local authorities are embracing community empowerment and working hard to develop new relationships with communities based on mutual respect and trust. Communities themselves are best placed to consider what the real issues are within local communities and how people might respond to different initiatives to address these.



Renfrewshire has a strong and resilient community sector, with a range of community health and wellbeing initiatives having been developed between statutory services and third and community sector organisations e.g. peer health and community connector type services.

In Renfrewshire the public health work is guided by; NHS Greater Glasgow and Clyde Public Health strategy 'Turning the Tide through Prevention', 2018 -2028, Renfrewshire HSCP Strategic Plan, 2019 - 2022 and Renfrewshire's Community Plan, 2017 -2027. The HSCP has a small dedicated public health team who work with our community planning partners to influence promote and guide activity to improve health and well-being in Renfrewshire. It is imperative that local areas benefit from the creation of Public Health Scotland to support and strengthen local capacity to improve the public's health and reduce health inequalities.

**Question 5: (a) Do you agree that Public Health Scotland should become a community planning partner under Part 2 of the Community Empowerment (Scotland) Act 2015?**

In Renfrewshire the Director of Public Health for NHS GGC has been a named partner representative on the Renfrewshire Community Planning Partnership Executive Group for several years and is a strong contributor to work we have undertaken in relation to poverty and more recently work in relation to alcohol and drug use. It is worth considering how this would be resourced across all community planning partnerships, with PHS able to effectively engage and be an active member.

**(b) Do you agree that Public Health Scotland should become a public service authority under Part 3 of the Community Empowerment (Scotland) Act 2015, who can receive participation requests from community participation bodies?**

The use of participation requests can support community groups and organisations to contribute, albeit it would be preferable if engagement had appropriate breadth and depth at local and national levels on an ongoing basis.

**(c) Do you have any further comments?**

Ensuring strong and meaningful partnerships with the local public health teams in the HSCPs will strengthen the public health expertise in the local areas. The creation of Public Health Scotland is an opportunity to have a concerted effort on public health priorities across Scotland. However, it is important to take cognisance of the local intelligence when implementing pan-Scotland programmes.

**Question 6: (a) What are your views on the information governance arrangements?**

The ability to share and build much more complete datasets and intelligence on public health issues, will be very important to Public Health Scotland's ability drive evidence-based change. Data sharing issues have historically been very difficult to

overcome and there is a risk that the development of the new body will be limited by any potential complications arising from new information governance arrangements and data sharing.

**(b)How might the data and intelligence function be strengthened?**

The paper indicates that there is potential for PHS to work at local levels to undertake strategic needs assessments and this is to be welcomed. Funding to support test of change with local authorities and HSCPs may also be worth considering in this regard.

**Chapter 4**

**Question 7: (a)What suggestions do you have in relation to performance monitoring of the new model for public health in Scotland?**

The National Performance Framework sets out broad measures/indicators which will demonstrate progress against some of the high-level public health priorities.

It is suggested that as well as monitoring performance and impact in terms of the improvement/decline in health outcomes, the new body will need to more fully evidence work being undertaken to address the inequality gap and report these more openly also e.g. healthy life expectancy may increase but is the gap continuing to widen between the highest and lowest and what is being done to address this.

**(b)What additional outcomes and performance indicators might be needed?**

As noted for question 7.

**Chapter 5**

**Question 8: What are your views on the functions to be delivered by Public Health Scotland?**

The proposed functions appear to be in line with the purpose of the new organisation.

**Chapter 6**

**Question 9: (a) What are your views on the health protection functions to be delivered by Public Health Scotland?**

By forming Public Health Scotland, it is important to be clear in the functions that will be delivered. The functions highlighted in the paper appear to be appropriate and subsume much of the work undertaken by Health Protection Scotland and the NHS Health Board during an outbreak.

**(b)What more could be done to strengthen the health protection functions?**

Local authorities play a key role in delivering public health and health protection functions. There needs to be continuing discussion as to the role being played by local authority in leading the functions locally within the community. Environmental

Health Services are critical in providing assistance for the national body and should be consulted regularly during this process.

## **Chapter 7**

**Question 10: (a) Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland and, (b) If so, what should they be?**

No comment

**Question 11: What other suggestions do you have for the organisational structure for Public Health Scotland to allow it to fulfil its functions as noted in chapter 5?**

Please see response to 3 a and 3b. These indicate that careful consideration needs to be given as to how PHS works at a local level to ensure that local government is seen as a joint partner in achieving public health priorities. Local activity will require to be co-ordinated with dedicated resource in place, as opposed to small numbers of staff covering lots of different geographical areas. This would not allow for close relationships and local expertise to be developed.

**Question 12: What are your views on the proposed location for the staff and for the headquarters of Public Health Scotland?**

No comment.

## **Chapter 8**

**Question 13: Are the professional areas noted in the list above appropriate to allow the Board of Public Health Scotland to fulfil its functions?**

The list of professional areas is fairly comprehensive, with the inclusion of human rights and lived experience representatives being particularly welcome.

**Question 14: (a) What are your views on the size and make-up of the Board?**

No substantive comment other than there would be value in including members experienced in the fields of data, research and digital.

**(b) How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?**

No comment further than our response to Q2b

## **Chapter 9**

**Question 15: What are your views on the arrangements for data science and innovation?**

As highlighted in the response to questions 6a and 6b there are significant benefits to developing a strengthened intelligence driven and evidence-based approach to

improvement and innovation. This is an area where public health officers could work much more closely with local government officers at a national and local level.

It has been beneficial to have the current Information Services Division officers located within the HSCP and we would welcome this continuing in the new PHS arrangements.

## **Chapter 10**

### **Question 16: What are your views on the arrangements in support of the transition process?**

No substantive comments, other than the operational deadline of April 2020 remaining highly challenging given the Chair and Chief Executive posts being only recently advertised.

## **Chapter 12**

### **Question 17: (a) What impact on equalities do you think the proposals outlined in this paper may have on different sectors of the population and the staff of Public Health Scotland?**

No substantive comment – potential challenges and opportunities should be identified through the impact assessment process.

### **(b) If applicable, what mitigating action should be taken?**

No comment

## **Chapter 13**

### **Question 18: What are your views regarding the impact that the proposals in this paper may have on the important contribution to be made by businesses and the third sector?**

No substantive comment – potential challenges and opportunities should be identified through the impact assessment process.