

A consultation on the new National Public Health Body ‘Public Health Scotland’

May 2019



A CONSULTATION ON THE NEW NATIONAL PUBLIC HEALTH BODY ‘PUBLIC HEALTH SCOTLAND’

FOREWORD

In June 2018, this Government and COSLA set out Scotland’s public health priorities which represented agreement between the Scottish Government and Local Government about the importance of focusing our efforts to improve the health and wellbeing of the population. This was the first step of our partnership of reform to improve the public’s health and wellbeing. Today, we set out our detailed proposals for the next step in the reform programme, the creation of a new national public health body to be known as ‘Public Health Scotland’.

We are determined to build a healthier and fairer Scotland, one where health and wellbeing is improved and protected while health inequality is steadily reduced. A healthy life expectancy with the highest attainable standard of health and wellbeing should be the norm for everyone, regardless of circumstances, location or economic background. That’s why we have made tackling health inequality a priority, and why we are building a whole system approach to the public’s health and wellbeing that emphasises prevention, early intervention and innovation.

The creation of Public Health Scotland will consolidate and strengthen our existing public health assets, enabling better targeting and coordination of all of our resources through the effective use of intelligence and data science. By supporting the transition to integrated preventative and early intervention solutions, Public Health Scotland should ultimately help reduce demand and financial pressure across the whole system.

It’s our shared responsibility to make sure that people get not only the best treatment and care, but the best overall quality of life we can provide. We want to support good healthcare and a good life by empowering individuals, communities and organisations to make the best decisions they can.

Sustaining progress will ultimately be down to the passion and determination of the whole public health community, in all of its diversity, with Public Health Scotland at its heart. It will mean using information to support self-management of health and to facilitate timely interventions delivered through new models of care. We want to use the latest technologies to understand and influence behavioural and environmental determinants of health and wellbeing, and to transform our systems to support healthy, independent living.

The consultation considers how Public Health Scotland will contribute to this vision and how the body can combine with partners and communities in developing the multi-disciplinary approaches required to solve the national public health problems of our age. Public Health Scotland is only one part of a complex system that can influence health and wellbeing. To be successful, we must develop a new body that

can build on the strengths of that whole system across sectors. This consultation is an opportunity for a genuine dialogue on the role of the new body and our public health reform aspirations, so we hope that everyone with an interest in tackling the public health challenges Scotland faces will take part.



A handwritten signature in blue ink that reads "Joe FitzPatrick". The signature is fluid and cursive.

JOE FITZPATRICK MSP



A handwritten signature in black ink that reads "Stuart Currie". The signature is cursive and stylized.

COUNCILLOR STUART CURRIE

CHAPTER 1

INTRODUCTION

Purpose of this document

1. This consultation document invites views on our proposals for a new national public health body in Scotland, to be known as 'Public Health Scotland'. The proposals represent our current ambitions for the new body that have been developed by the Public Health Reform Programme and may continue to evolve in light of that ongoing collaborative work and stakeholder engagement.

2. The consultation is structured as follows:

Chapter 1	Introduction
Chapter 2	Overview of the new model for public health in Scotland
Chapter 3	Governance and accountability for the new model
Chapter 4	Outcomes, performance and improvement
Chapter 5	Functions of Public Health Scotland
Chapter 6	Health Protection
Chapter 7	Structure of Public Health Scotland
Chapter 8	Composition of the Board for Public Health Scotland
Chapter 9	Data science and innovation
Chapter 10	Transition arrangements – from existing structures to the new model
Chapter 11	Funding the model for public health in Scotland
Chapter 12	Equalities Impact Assessment
Chapter 13	Business Regulatory Impact Assessment
Chapter 14	How to respond

3. Consultation questions are set out in each of the relevant chapters and are also summarised on pages 56 and 57.

4. For the purposes of this consultation, the following World Health Organisation definition¹ of public health has been used:

4.1 Public health is defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO). Public health focuses on the entire spectrum of health and wellbeing, not only the eradication of particular diseases. Related activities to strengthen the public’s health aim to create and provide the conditions under which people can maintain and improve their health and wellbeing, or prevent the deterioration of their health.

4.2 Some key features help to distinguish a public health approach from other approaches to improving health and wellbeing, such as those delivered through personalised health and care. For example:

¹ <http://www.euro.who.int/en/health-topics/Health-systems/public-health-services>

- a. Public health is *population based* and is concerned with the factors that make populations (e.g. communities, cities, regions, countries) rather than individuals healthier or unhealthier;
- b. Public health emphasises collective responsibility for health, its protection and disease prevention - through *the organised efforts of society*;
- c. Public health recognises the role of the state and of *the underlying socio-economic and wider determinants of health and disease*, including the distribution of power, resources and opportunities within and across populations; and
- d. Public health involves *partnership* with all those who contribute to the health of current and future populations.

5. Public health is about creating and protecting the conditions in which people can live healthy lives for as long as possible. Economic prosperity, a good start in life, effective education, rewarding work, good housing and strong, supportive relationships all play their part. A **public health system** can be defined as the set of connected agencies or entities working together that share the common goal to protect and improve the public's health and reduce health inequalities. **Public health functions** are the range of activities (such as leadership, service delivery and professional standards) that support public health assessment, policy development and related assurance. **Public health services** are the coherent set of actions that directly benefit members of the public, their families and their communities within the public health system.

Vision

6. The new arrangements for public health described in this consultation are designed to ensure the effective delivery of improved health and wellbeing outcomes for the population of Scotland. If we are to create a Scotland where everybody thrives, we need to address the current challenges – our poor relative overall health status compared with other countries; the significant and persistent health inequalities that exist across Scotland; the need for our care services to respond to the needs of a changing population with more complex needs, such as more older people; and the particular effects of current key issues such as obesity, mental health problems, alcohol and substance misuse.

7. Our future economic success as a nation is dependent on a healthier Scotland. To achieve sustainable economic growth we need to recognise the fundamental importance of environmental, social and economic factors in determining health outcomes and the need to increasingly move towards the prevention of illness. We want to create a genuine '**culture for health**' where citizens achieve the highest attainable standard of health by both taking - and being empowered to take - responsibility for their own health and care, within an enabling environment that makes it possible for them to do so.

Purpose and benefits

8. Consolidating the national public health functions into a single body allows for a new, single public health brand and identity, with revitalised leadership. The body will be committed to partnership working, innovation and meaningful change across the whole system at national, regional and local levels. By including the national data and intelligence function within the new body, we ensure that all public health activity and performance measurement is brought together in one place, providing a basis for innovation and ambition around our digital capability more generally. Public Health Scotland will support organisations, communities and partnerships to build local capacity and capability, facilitate access to national information and expertise, and share methods and results across Scotland. This will enable better planning, evaluation and targeting of resources across the whole system.

9. This document describes what we expect the new national body will look like and how we expect it will interact with other organisations and frameworks. Some of these arrangements will require legislative change and will be subject to parliamentary scrutiny.

Background

10. A broad range of work is underway to reform public services in Scotland. This includes supporting new ways of working; a focus on tackling inequality; realising a demonstrable shift towards preventative approaches; and enabling individual and community empowerment. Across all of this reform work, national and local government are striving for more innovative and effective partnership approaches to improving the health of Scotland's population and to creating greater equality in health. At the same time, there is a recognition of the need to respond to growing demands, expectations and resource constraints.

11. The Commission on the Future Delivery of Public Services² ("Christie Commission") argued for a radical change in the design and delivery of public services to address the intense pressures on budgets and to tackle Scotland's deep-rooted social problems. The recommendations they identified include:

- Recognising that effective services must be designed with and for people and communities - not delivered 'top down' for administrative convenience;
- Working closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance, and build resilience;
- Concentrating the efforts of all services on delivering integrated services that deliver results;
- Prioritising preventative measures to reduce demand and lessen inequalities;
- Tightening oversight and accountability of public services, introducing consistent data-gathering and performance comparators, to improve services; and

² [Commission on the Future Delivery of Public Services](#) (2011)

- Driving continuing reform across all public services based on outcomes, improved performance and cost reduction.

12. In response, the Scottish Government and the Convention of Scottish Local Authorities (COSLA - the voice of Local Government in Scotland) have embarked on a shared public sector reform programme based around:

- a decisive shift towards prevention;
- enabling greater integration and collaboration between public services at a local level;
- greater investment in workforce development and leadership; and
- a sharp focus on improving performance.³

13. In recent years, this reform work has seen the integration of health and social care. Health Boards and local authorities are now jointly responsible for the delivery of national agreed health and wellbeing outcomes, through the creation of Integration Authorities, with a greater emphasis on joining up services to improve care and support for patients, service users, their carers and their families.

14. There has also been on-going work to strengthen community planning in Scotland. The Community Empowerment (Scotland) Act 2015 introduced provisions designed to strengthen community planning, by placing new duties on public sector partners to play a full and active role in community planning partnerships and to deliver outcomes for communities through effective integrated working. Community planning now has a clear statutory purpose focused on improving outcomes and which will support an environment within which local partners can work closely to strengthen the public's health.

Public Health Reviews

15. A number of reviews have considered Scotland's approach to tackling health inequalities and how related resources are used. These include Audit Scotland's 2012 report on health inequalities in Scotland⁴ and NHS Health Scotland's 2013 Health Inequalities Policy Review⁵. Both sets of recommendations confirm the need for a clearer focus on the public's health in Scotland; greater coordination across structures and different levels of activity; and the need for partnership-based action informed by public health intelligence and evidence.

16. In 2013, the Scottish Government published '*Equally Well*⁶ which confirmed that our greatest health challenge continues to be the inequalities which exist between the poorest and richest in our society. Subsequently, Scottish Ministers announced in November 2014 that they had asked for a Review of Public Health in Scotland⁷, the report of which was published February 2016. This Review found that Scottish public health needed to be more visible and that it needed to have a clearer

³ [The Scottish Government \(2011\) *Renewing Scotland's Public Services – Priorities for Reform in Response to the Christie Commission*](#)

⁴ http://www.audit-scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf

⁵ <http://www.healthscotland.scot/media/1538/health-inequalities-policy-review-march-2014-english.pdf>

⁶ <http://www.gov.scot/Resource/0044/00446171.pdf>

⁷ <http://www.gov.scot/Resource/0049/00493925.pdf>

vision. It concluded that public health needs to provide leadership which extends far beyond the NHS and health boundaries to influence wider agendas, policies and programmes in the public, private, third and independent sectors.

17. The Public Health Review emphasised the cost-effectiveness of preventive approaches and the need for a more proactive public health effort in Scotland. The Review Group's recommendations were:

- Further work to review and rationalise organisational arrangements for public health in Scotland, including greater use of national arrangements where appropriate;
- The development of a national public health strategy and clear priorities;
- Clarification and strengthening of the role of the Directors of Public Health (DsPH), individually and collectively;
- Supporting more coherent action and a stronger public health voice in Scotland;
- Achieving greater coordination of academic public health, prioritising the application of evidence to policy and practice, and responding to technological developments;
- An enhanced role for public health specialists within community planning partnerships and Integrated Joint Boards; and
- Planned development of the public health workforce and a structured approach to utilising the wider workforce.

18. These recommendations were translated into the relevant commitments within the Health and Social Care Delivery Plan⁸ published in December 2016. This document sets out a clear vision for the Health and Social Care system, including a more meaningful focus on prevention and a recognition that there must be a more comprehensive, cross-sector approach to the public's health and wellbeing. The Delivery Plan also sets out specific commitments to publish public health priorities, **deliver a new public health body** and improve support for local health partnerships.

19. In 2017 Scottish Government and the Convention of Scottish Local Authorities (COSLA) established the Public Health Reform Programme to take forward these actions. The programme set a vision for 'A Scotland where everybody thrives', with an ambition for Scotland to be a world leader in improving the public's health, using knowledge, data and intelligence in innovative ways and with an economic, social and physical environment which drives, enables and sustains healthy behaviours. Public Health Scotland will have a key role in leading, driving, supporting and enabling the change we need.

20. In June 2018, the Scottish Government and COSLA published Scotland's Public Health Priorities⁹, following extensive work with a range of partners and stakeholders from across the whole system. The six priorities are:

⁸ <http://www.gov.scot/Resource/0051/00511950.pdf>

⁹ <https://www.gov.scot/Resource/0053/00536757.pdf>

- A Scotland where we live in vibrant, healthy and safe places and communities;
- A Scotland where we flourish in our early years;
- A Scotland where we have good mental wellbeing;
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs;
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all;
- A Scotland where we eat well, have a healthy weight and are physically active.

21. These new priorities reflect a widely-held consensus about the public health challenges that we must tackle over the next decade if we wish to see the greatest possible improvement in the public's health and wellbeing. They provide a focus for all public services and wider partnerships across Scotland to improve and protect the public's health and wellbeing, reduce inequalities and increase healthy life expectancy. They also provide a basis, consistent with the Scottish Government's National Performance Framework, to guide everyone working in the health system and beyond to align their efforts to make a real difference to the social conditions in Scotland.

Conclusion

22. The arrangements described in this consultation for a new public health body are informed by each of the reviews described above and by the work to deliver the new Public Health Priorities. The arrangements focus on simplifying the public health landscape at the national level; the need for better, more visible leadership and a stronger voice for the public's health and wellbeing; the need to prioritise the application of public health intelligence and evidence into policy and practice; and the value of data to influence ever more meaningful connections both locally, nationally and in the widest sense. We want to support a step-change in how organisations and communities experience engagement, participation and empowerment in relation to decisions that impact health and wellbeing. This is about supporting the way in which individuals and families, the communities they belong to, community groups, community councils, charitable and voluntary organisations, and people working in the public, private and third sectors, collectively create and contribute to health and wellbeing in their local area.

23. Looking ahead, while there has been continual progress towards improving the public's health and wellbeing over many decades, there is still much to be done. The public's health and wellbeing is a complex issue and significant challenges in terms of the social conditions in Scotland persist, including poverty, homelessness, addiction and mental wellbeing. Additionally, the whole public sector faces financial challenges which make it crucial that we look at how services, including those for the public's health, are planned, designed, evaluated and delivered to create more equal access, improve outcomes and make the best use of resources. In response, we recognise that a coordinated, whole system approach is required. Without such concerted action, the health of some individuals and communities will continue to suffer and health inequalities will remain and become more entrenched. The related economic and social costs are simply unsustainable. We require a shift in mind-set

across the whole public services system and need to provide practitioners at a local level with support to think, adapt and work in new ways. Separate activity is underway to support the wider system in relation to delivering on our Public Health Priorities. We want the new public health body to have an important role in this work.

24. Separate work is also underway to consider how our specialist public health workforce should be best organised in Scotland. This work will seek to draw conclusions on how the specialist workforce can most effectively meet the needs of national, regional and local partners to deliver the most effective and efficient public health function for Scotland. This consultation is primarily about the functions and wider role of a new public health body – Public Health Scotland – which we propose will be the way in which we deliver on a number of the recommendations from the Public Health Review, and which will respond to the commitment from the Health and Social Care Delivery Plan to establish such a body.

25. The 6 week consultation will last until 08 July 2019. The new body is unlikely to be established and exercising its functions until April 2020. The current arrangements will remain in place until full implementation is complete.

CHAPTER 2

OVERVIEW OF THE NEW MODEL FOR PUBLIC HEALTH IN SCOTLAND

1. The Scottish Government and COSLA have worked with a wide range of stakeholders and partners to develop a model for Public Health Scotland. We have engaged across national and local government, the NHS, local partnerships, the public health workforce and their representatives, the third sector and the private sector.
2. We are committed to a model of shared leadership and shared accountability between Scottish Ministers and local authority leaders. This will be achieved through a combination of legislative and non-legislative mechanisms. Public health reform is not about any one organisation solving the problems we face – it is about working together across organisational boundaries and within our communities to deliver change. Public Health Scotland is being designed to support a whole system approach to improving and protecting the public's health and wellbeing, by providing leadership and enabling change across all parts of the system that affect it. This is an increasingly complex landscape involving many sectors with competing priorities and resource pressures so future success will require co-ordinated action and integration to bring about change, including health, social care, planning, housing and business. For significant improvements to be made, we need to look at not just the individual contributions of each organisation but also how the whole system works together.
3. The key design principles for Public Health Scotland are:
 - 3.1 That it should, as far as possible, be jointly accountable to Scottish Ministers and Local Government for the delivery of its strategic objectives. Joint accountability may need to be achieved administratively via cooperation, consultation and agreements, rather than defined in legislation.
 - 3.2 Continually and proactively seeking opportunities to undertake processes jointly between national and local government. This should be the preferred approach at all times. Examples may include the appointment of the Chief Executive and Chair roles, the final agreement of Public Health Scotland's strategic objectives and the performance review process. Where processes, such as appointments, are attached to a Ministerial power and sit with Scottish Ministers in a legal sense, this should not preclude making joint decisions on a non-legislative basis with local government around how those powers are exercised.
 - 3.3 Partnership working must sit at the very heart of Public Health Scotland, recognising its role in supporting the multi-dimensional system of public health. In other words, Public Health Scotland's primary focus should be on enabling the whole system to deliver better public health and wellbeing outcomes and that it is able to work

with partners to coalesce around the new Public Health Priorities as they relate to community planning across Scotland.

3.4 Public Health Scotland should co-design its strategic objectives with relevant partners from across the whole system. This principle conceives of the public health system in its widest sense, and so is multi-dimensional and underpinned by transparency and collaboration.

3.5 Performance reporting for Public Health Scotland should link with existing frameworks and serve to improve transparency and strengthen relationships with communities. This will require some re-orientating of performance reporting to ensure it is more local-facing.

3.6 Public Health Scotland must have a clear and distinct identity. This should include stand-alone branding and an overt focus on establishing a unique culture and identity as a vehicle for public sector partnership in the widest sense, as part of a multi-dimensional system of public health.

3.7 It would be desirable for the Executive Team to include cross-sector expertise, including representation from the third sector.

3.8 We would like Public Health Scotland staff to be located and deployed in a way that helps re-orient the public health system to be more local-facing, engages communities and supports collaboration across the wider system. We are investigating whether, over the medium-term, this could include at least a partial move from NHS premises and the identification of co-location collaborative spaces at community, local and national levels, comprised of Public Health Scotland staff and relevant partners from other parts of the wider public health system.

3.9 We would like Public Health Scotland to be able to share services with both NHS and non-NHS public bodies and this needs to be done in a way that embraces the whole of the public sector and beyond i.e. the third sector.

3.10 Public Health Scotland should support innovation by identifying and promoting national and international best practice both within and beyond Scotland, including within the fields of data science and behavioural science.

3.11 Public Health Scotland should be a distinct organisation with the autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. These freedoms and obligations should be described in the Memorandum of Understanding and will protect the independence of Public Health Scotland to advise and provide challenge where necessary.

4. As legislation will be required to establish the new body in line with these design principles, the focus in this consultation is on describing the role, structure and expected functions of Public Health Scotland, with some discussion of its interface with other statutory frameworks. As referred to above, proposed legislation will be subject to parliamentary scrutiny. However, the success of the new model for public health in Scotland lies also in the non-legislative improvements that will need to be made within local partnerships.

The national body – Public Health Scotland

5. The new national body - Public Health Scotland - will be a public body, established in statute as a national Special Health Board within NHS Scotland. We want to ensure the body is designed in the best possible way to allow it to contribute to the whole public health system, both nationally and locally. This means co-production with those who will provide services and those who should benefit from them, along with a strong focus on supporting the whole system and local delivery. Rather than focusing on the consequences of ill-health, its unique brand offering and related approach will reflect action on all the social determinants of health, sometimes referred to as working 'upstream' of the wider health system.

6. Both the Public Health Reform Oversight Board and the Programme Board concluded by consensus that the best way forward was to establish Public Health Scotland as an NHS Special Health Board. This view was supported by Local Authority representatives, COSLA and the Scottish Government.

7. The national body will be directed by its Board. It is our hope that the Board will consist of individuals with professional experience in public health and other relevant sectors and perspectives across Scotland (see **Chapter 8** for more information on the composition of the board).

8. We want to embed a **human rights based approach** to health and wellbeing in the body and so would expect that the relevant lived experience would also be reflected on the Board. Taking a human rights based approach is about using international human rights standards to ensure that people's human rights are put at the very centre of policies and practice. This approach empowers people to know and claim their rights. It increases the ability of organisations, public bodies and businesses to fulfil their human rights obligations.

9. At the highest level, the national body will be responsible for:

- Providing national, professional and strategic leadership for the public's health and wellbeing in Scotland;
- Offering independent expert advice to Scottish Ministers and COSLA on the basis of the best available evidence;
- Providing oversight of the delivery of the Public Health Priorities, in the context of the National Performance Framework, in relation to the public's health and wellbeing in Scotland;
- Identifying and advising on how health and other resources can be better aligned to improve outcomes for the public's health and wellbeing;

- Management of any services which have been identified and agreed as being best delivered on a national basis by the national body, including services currently provided by Health Protection Scotland, Information Services Division and NHS Health Scotland.

10. Public Health Scotland will also work with delivery partners and stakeholders to agree a long term strategic and co-ordinated approach to planning and delivering public health services in Scotland. Where benefits are recognised at the national, regional and local level for shared services or collective and collaborative undertakings, organisations will be expected to work in partnership to establish these.

Community planning and partnership arrangements

11. A community focus and partnership approach lies at the heart of this new model and the new body will have a role to enable, contribute to and support local strategic planning and the delivery of local services. We want to create a climate and culture where local public health groups, organisations and partnerships feel confident that they have autonomy and authorisation to decide how to best respond to the specific public health needs of their communities. Successful partnerships are clear about goals and purpose; aware of partners' roles and responsibilities; and have a clear strategic overview of performance through robust monitoring and evaluation. However, their success is entirely dependent on the willingness of partners to commit information and resources to the partnership, with sufficient ambition and drive. Active and engaged partners are crucial to successfully lead on, shape and deliver progress against local priorities. They must be clear about the purpose, deliverables and capacities of the partnership. This will require all partners involved to take a constructive and engaged approach, making the most of the strengths and assets of each of their organisations and sectors and combining them in such a way that they are able to make a real difference.

12. Local outcomes for public health are planned and delivered by a range of partners - local authorities, NHS boards, the third sector and many more – working both individually and in partnership at a local level. This is in line with expectations on delivery of a range of key national outcomes set out in the National Performance Framework¹⁰.

13. Local partners should decide how they work together in ways that in their view best suit local conditions. Community planning provides a space in which they can do this. The Community Empowerment (Scotland) Act 2015 introduced a statutory purpose for community planning, which is about a defined set of public sector bodies working together and with community bodies to improve outcomes, and in particular to reduce outcome inequalities, on themes they agree are local priorities. These bodies do this within a Community Planning Partnership (CPP) that covers a local authority area.

14. Each CPP is required to set out its priorities and ambitions in a plan for its area (called a Local Outcomes Improvement Plan) and at least one locality plan,

¹⁰ [National Performance Framework](#)

which focuses on a smaller area with a community experiencing poor outcomes. In order to identify local priorities, each CPP needs to develop an understanding of needs and opportunities based on local evidence. Its partners need to secure participation from local community bodies and commit resources in order to deliver expected improvements on the CPP's agreed priority outcomes. We are investigating whether Public Health Scotland can be listed in schedule 1 of the Community Empowerment (Scotland) Act and therefore become subject to statutory duties to participate in community planning locally.

15. The Public Bodies (Joint Working) (Scotland) Act 2014 created Integration Authorities for the purpose of integrating health and social care services. Each Integration Authority is responsible for ensuring that services are well integrated with people receiving the care that they need at the right time and in the right setting, with a focus on community based preventative care. Integration Authorities have a duty to take into account reducing health inequalities as one of the National Health and Wellbeing Outcomes, when planning and operating integrated services. Community planning and Health and Social Care Partnerships, together with other local partnerships, are key enablers of change. They will increasingly work with public health teams and communities to realise the reform ambitions for whole system working to improve the public's health and wellbeing, by developing local solutions to local public health challenges. Scotland's Public Health Priorities will be key to supporting this collaboration.

16. We would like Public Health Scotland to support organisations that are responsible for tackling inequalities and improving health and wellbeing outcomes, including through their partnership activity in CPPs, Health and Social Care Partnerships and elsewhere. Public Health Scotland will aim to increase community participation in decisions that impact on community health and wellbeing, as well as supporting communities to develop innovative solutions to significant challenges. We want people to have more of a say and more control over the decisions and factors that shape their health and wellbeing. The work of the new body will recognise that communities are independently able and often wish to organise themselves and use their inherent assets and resources to improve the health and wellbeing of those who live within them.

17. Addressing the broader determinants of health and wellbeing depends on more than health and social care services, e.g. factors such as feeling safe, having access to amenities and social contact are just as important. It is also through community planning and local partnership working that communities can work together to prevent vulnerability, making it easier for people to continue to live active lives and to maintain physical and mental wellbeing for as long as possible. As well as making a positive difference to people's lives, the involvement of local partnerships in this way can help to avert future demand for acute health and social care services. Community planning partners are working with local communities to find solutions to local challenges and to increase the opportunities for local communities to genuinely participate in decisions that impact on their health and wellbeing.

18. These local arrangements are considered in more detail in **Chapter 3**.

Specific local arrangements

19. We want to create a culture of mutual collaboration, regard and trust between Public Health Scotland and all of its local partners, across sectors. Delivering an effective and integrated service together involves careful planning, oversight and support until working practices are established. It is crucial to avoid duplication, address gaps and tackle problems, particularly when a new development has impact across sectors. We want to support local authorities, the NHS, third sector and other partners to work ever more closely together to address the social determinants of health, improving and protecting the health and wellbeing of individuals and the communities in which they live.

20. Local arrangements for the strategic planning and delivery of services for public health will be taken forward at local discretion, in line with existing statutory duties. We will work collaboratively to consider what jointly developed guidance should be produced to assist local and regional partnerships in strengthening these arrangements in conjunction with Public Health Scotland.

Other partners

21. Other partners, such as colleges and universities, will also be involved according to local needs and circumstances.

New public health model

22. The new public health model seeks to deliver better outcomes for communities by promoting a collaborative approach to planning and delivery based on local public health needs. To support this aim, there will be new arrangements at national level through the creation of Public Health Scotland to provide strategic leadership; enhanced opportunities for innovation, research, learning and development; and support for the delivery of improved outcomes. Locally, Public Health Scotland will contribute to the Community Planning Partnership leadership effort by collecting relevant data and intelligence, identifying best practice and considering service improvements and innovative approaches. Under these new national and local arrangements, the existing bodies Health Protection Scotland (a division of NHS National Services Scotland), Information Services Division (also a division of NSS) and NHS Health Scotland (a Special Health Board) will cease to exist. Public Health Scotland will take over the relevant functions and services. The main features of the model are:

22.1 A national Special Health Board, with the name Public Health Scotland, established to provide national public health functions and independent professional assurance to Scottish Ministers on the collective achievement of public health outcomes across Scotland;

22.2 Support for local strategic planning as part of community planning arrangements, including community planning partnerships;

22.3 Public Health Scotland to consult and cooperate with a defined set of public health partners, including local authority leaders (COSLA), both broadly and in specific circumstances such as preparing Public Health Scotland's strategic plan and annual report;

22.4 Collective or collaborative arrangements for public health services which may be best arranged, managed, researched, evaluated or delivered nationally; and

22.5 A mechanism, reflecting national and local democratic responsibilities, to afford discussion and agreements as necessary, on aspects of mutual concern. The principles, purpose and values guiding this mechanism will be described in a Memorandum of Understanding.

Measuring success

23. At a national level, Scotland's National Performance Framework will be used to measure progress against the Public Health Priorities, including the specific contribution of Public Health Scotland. The new body will contribute to the delivery of the National Outcomes¹¹.

24. The following chapters provide further detail on the new model for public health in Scotland, setting out the governance and accountability relationships and the roles and responsibilities of each of the constituent parts of the model.

<p>Question 1: Do you have any general comments on this overview of the new arrangements for public health?</p>
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¹¹National Outcomes: <https://nationalperformance.gov.scot/national-outcomes>

CHAPTER 3

GOVERNANCE AND ACCOUNTABILITY FOR THE NEW MODEL

The role of Public Health Scotland

1. The responsibility for the delivery of the remit of an NHS national board resides with that body, subject to NHS corporate governance arrangements and the 2018 UK Code of Corporate Governance, which includes audit and quality procedures. However, in order to implement the model of shared leadership and accountability between Scottish Ministers and COSLA these arrangements will be supplemented by a Memorandum of Understanding (MoU) which will set out how certain functions and activities will be jointly managed and controlled.

2. The corporate governance role of the Board for Public Health Scotland will be to set strategic aims; hold the executive to account for the delivery of those aims; determine the level of risk the Board is willing to accept; influence the organisation's culture; and report to stakeholders on their stewardship. The Board's key responsibilities will be:

- to set strategic direction of the organisation within the overall policies and priorities of the Scottish Government, COSLA and NHS Scotland, define its annual and longer term objectives and agree plans to achieve them;
- to ensure that plans and performance are responsive to staff and stakeholder needs;
- to oversee the delivery of planned results by monitoring performance against objectives;
- to ensure effective financial stewardship;
- to ensure high standards of governance and conduct throughout the organisation;
- to appoint, appraise and remunerate senior executives;
- to hold the Executive Leadership Team to account and seek assurance that the organisation is being effectively managed;
- to seek assurance that risks to the quality, delivery and sustainability of services are effectively managed;
- to engage with stakeholders;
- to influence the Board's and the organisation's culture.

3. It will be essential that the Board has the right skills, experience, diversity and expertise to govern the body and hold the Chief Executive and the Executive Team to account. Scottish Ministers and COSLA wish these appointments to include individuals with experience and knowledge of the public health landscape in its broadest sense.

4. Members of the Board for Public Health Scotland will be appointed by Scottish Ministers through a formal public appointment process which is regulated by the Commissioner for Ethical Standards in Public Life in Scotland, using the Code of Practice for Ministerial Appointments to Public Bodies in Scotland. In order to embody shared leadership and accountability COSLA may nominate one or more Elected Members to become part of the Board for Public Health Scotland to ensure

sufficient representation from local government. Respondents to this consultation are invited to submit their views on the configuration and membership of the Board in **Chapter 8**.

5. The Chief Executive of Public Health Scotland will be designated as the Accountable Officer for the body. As Accountable Officer, the Chief Executive will be responsible for the use of resources but Scottish Ministers remain accountable to Parliament for the allocation of public funds in relation to the body¹².

6. The Chief Executive of Public Health Scotland and its Board will have a specific remit to work in close partnership with COSLA/local authority leaders. This commitment will be described in a Memorandum of Understanding (MoU). This will set out how certain functions and activities will be jointly managed and controlled.

7. Clear lines of strategic, political and operational accountability are required for a successful public health system. This means providing clearly defined roles and responsibilities for:

- Scottish Ministers;
- COSLA;
- Local partners, including NHS boards and Integration Authorities, local authorities and other public sector bodies designated as local partners;
- The national body, Public Health Scotland;
- The Board of Public Health Scotland;
- The Chief Executive of Public Health Scotland.

8. It is important that Public Health Scotland acts as a trusted and impartial champion for the improvement and protection of the health and wellbeing of the nation, free to provide advice based firmly on the science and evidence. We will consider what more needs to be done to demonstrate that the advice and guidance the new body provides is truly independent of Government. It should be able to campaign for those public health objectives and policies which it believes can best improve and protect the nation's health and wellbeing.

9. In establishing Public Health Scotland, at this time we anticipate no changes in the local governance arrangements for the strategic planning and delivery of local services for public health, other than the proposed addition of the new body as a statutory Community Planning Partner.

The role of Scottish Ministers and COSLA

10. COSLA will be joint partners in the strategic planning and performance review process for Public Health Scotland. Public Health Scotland will ultimately be accountable to Scottish Ministers, supported by the Scottish Government Health and Social Care Directorates, for the delivery of its functions. However, in practice

¹² Guide to Public Bodies in Scotland. <http://www.scotland.gov.uk/Topics/Government/public-bodies/pubs/Guide%20to%20public%20bodies>

Scottish Government and COSLA will exercise meaningful and proportionate shared oversight of, and accountability for, Public Health Scotland strategy, recruitment, financial management, performance and risk management. Together, they will ensure the body is provided with the necessary support and guidance to enable it to work effectively across traditional boundaries, in clusters and with external partners - for example, through the work of community planning partnerships. It will also provide reports to COSLA/local government leaders as appropriate.

11. In relation to Public Health Scotland, as with other Special Health Boards, the role of Scottish Ministers will be to:

- Agree strategic aims, objectives and key targets as part of the corporate planning process;
- Appoint the Chair and members of the Board in accordance with the Commissioner for Ethical Standards in Public Life in Scotland's Code of Practice for Ministerial Appointments to Public Bodies in Scotland;
- Hold the Board to account for delivery of its responsibilities;
- Set a health and sport budget, including Special Health Board spending plans, approved by Parliament;
- Approve certain relevant appointments made by Public Health Scotland;
- Consider recommendations made to them by Public Health Scotland.

12. As with other Health Boards and Special Health Boards, Scottish Ministers will have a power of direction in relation to Public Health Scotland. Where appropriate, any direction issued would be developed in consultation with relevant stakeholders and in line with the principles of the Memorandum of Understanding between COSLA and the Scottish Government. Scottish Ministers will be ultimately accountable to Parliament for the functions and performance of Public Health Scotland, but in practical terms, we also expect COSLA to be meaningfully involved in all strategic decision-making and performance monitoring for the body.

13. It will be vital that Scottish Ministers, COSLA and Public Health Scotland work together as effectively as possible. Joint strategic business planning should be the norm, including the joint identification of risks and joint planning for delivery. In practical terms, sufficient time must be invested to develop and maintain positive relationships characterised by openness, trust, respect and mutual support. The complementary roles and responsibilities of Ministers, COSLA, the Chief Executive of NHS Scotland, the Public Health Scotland Board and Government officials will need to be actively built upon to support positive, practical working relationships. Strategic policy choices should be underpinned by high quality advice, evidence and analysis, with risks and opportunities managed proactively.

14. Responsibility for local strategic planning, service provision and delivery of public health outcomes will be retained collectively within the locality with partners following the established lines of accountability within their respective organisations for the achievement of these.

15. A number of public sector bodies already have responsibilities directly related to public health – in particular, local authorities, health boards and Integration Authorities. We do not propose to duplicate or cross over any established lines of

accountability for community planning partnerships, Integration Authorities, local authorities, NHS Boards and other partners who come together locally in order to effect improved outcomes for public health.

16. Public health is not a self-contained subject. Public health improvement is possible by progress against a wide range of outcomes, such as an inclusive and sustainable economy, employability, and personal and community resilience. In turn, action on these wider ambitions can contribute to positive public health outcomes. As a result, many public sector organisations have valuable contributions to offer to improving public health through the way they promote other positive outcomes. Local partnership working provides the space in which bodies can work together towards these mutually supporting goals.

Individual Organisations

17. Local partners already have responsibility for the local strategic and operational planning, design and delivery of services for the public's health to reflect local need and in accordance with statutory requirements, the Public Health Priorities and relevant National Outcomes. They will continue to fulfil these responsibilities, working in partnership within locally agreed planning arrangements. This will typically include community planning and integrated health and social care arrangements.

18. As part of its general functions, Public Health Scotland will provide a national overview of local partnership delivery plans and annual reports in relation to improving and protecting the public's health. Public Health Scotland will make recommendations to Scottish Ministers, COSLA and to relevant local government elected members, as appropriate, on any improvements that may be advisable based on its analysis and findings.

19. In this context, the body will consider what best practice could be extended further, whether services could be better designed, or whether collective areas of concern exist, why they exist, what barriers to improvement there may be and advise as to how these may be addressed.

20. As a further part of this process, Public Health Scotland will also consider the broader contribution of national organisations with public health related functions. It is expected that those organisations with a clear and obvious local interest will already contribute to the work of community planning partnerships and that their contributions will be evidenced in local plans and reports.

21. In discharging its assurance and improvement functions, it may become evident to Public Health Scotland that targeted support could be beneficial for individual partnerships or organisations. This may include:

- Specific dialogue between the national body, local partnerships and relevant organisations regarding ways to support the improvement required;

- Enabling benchmarking, sharing best practice, driving improvement in partnership standards and workforce development for public health and facilitating closer engagement between local partnerships;
- Raising awareness of any potential systemic issues and opportunities which exist to drive improvements, recommending solutions as appropriate;
- Encouraging and, where appropriate, supporting any local review systems;
- Embedding Public Health Scotland staff at local level to support this activity as appropriate.

22. Public Health Scotland may recommend potential further actions. These may include the offer of support from, or arranged by, Public Health Scotland and the potential for specific multi-agency action. Local partnerships will be fully involved in the discussions as to any action required. We recognise the importance of community planning reflecting local needs, with plans and operating arrangements shaped around local priorities and operating preferences.

23. In building their relationship with Public Health Scotland, public health partners will be invited to:

- Comment on a draft of Public Health Scotland's strategic plan;
- Make proposals on how to improve performance both locally and across the sector;
- Propose services which should or could be organised nationally via Public Health Scotland or on a pan-Scotland basis;
- Propose ideas for innovation, research, joint learning and workforce development at a national or pan-Scotland basis.

24. Public Health Scotland's main focus will be on driving improved outcomes for the public's health and wellbeing, both nationally and locally.

The relationship between Public Health Scotland and Health Boards

25. There is already a solid foundation for Public Health Scotland to build on in terms of close public health engagement with NHS Boards, which will remain critical to the delivery of public health goals, in particular in reducing risks and in prevention. Boards are already working to provide care that is appropriate, realistic and person-centred, with a greater emphasis on prevention, early intervention and supporting people to be more self-resilient. They will continue to be supported by the public health expertise provided by the new body.

26. Locally, each territorial Health Board has a Public Health Department and a Director of Public Health. Local public health teams work hard to maintain an integrated public health function which both responds to incidents day or night and provides a strategic approach to health promotion, reducing inequalities and supporting health service re-design and improvement. The programmes of work developed within NHS Boards continue to use a range of public health interventions across communities. Public Health Scotland will support them in developing multi-faceted approaches which target those most in need and in responding to emerging health problems and new diseases. It will work closely with Directors of Public

Health to determine the overall vision and objectives for public health both within local Health Boards and national Health Boards. National health organisations, including NHS National Services Scotland, NHS Education Scotland, NHS 24 and Healthcare Improvement Scotland, have a significant contribution to make to improving and protecting population health and wellbeing and will be expected to participate and contribute in a manner which is appropriate to their role and meaningful to the local partnership and community area.

27. Public Health Scotland will continue to have a role in relation to many activities undertaken by or in partnership with the NHS – such as supporting delivery of national vaccination programmes, supporting health service intelligence and work to improve health services at the population level. However the role of Public Health Scotland will also evolve in new ways. The body will provide support for healthcare public health activities such as advice on service risks, service developments and redesign work, strategic needs assessment and strategic planning of services. Public Health Scotland will connect systematically with Health Board partners to establish strategic relationships, strengthen partnership working, facilitate a two-way conduit of information flow, and identify new public health issues and priorities emerging for the boards, including public health workforce/educational themes. The Public Health Scotland planning process will have a strong relationship with this engagement process, by ensuring that key board priorities are translated into Public Health Scotland activity, and are subsequently articulated into the body's Strategic and Corporate Plans. We would expect Health Boards to outline areas of public health work where they would like to see further support from Public Health Scotland in future. There will be a focus on an integrated approach – working as effectively and collaboratively as possible with Health Board contacts, to help improve internal and external communications, sharing of knowledge and information flow. This approach will help take forward the expanding range of increasingly multi-professional and multi-agency public health work, improving efficiency and creating synergies and benefits from working together in partnership.

28. The Local Delivery Plan (LDP) is the delivery contract between Scottish Government and NHS Boards in Scotland. It provides assurance and underpins NHS Board Annual Reviews. LDPs focus on the priorities for the NHS in Scotland and support delivery of the Scottish Government's National Performance Framework, the Health and Social Care outcomes that are being developed in partnership, and the 2020 vision for high quality and sustainable health and social care.

29. The LDP brings together:

- An appraisal of the Board's strategic position and context.
- Principles established to frame the development of their plans for the year to ensure decisions which are coherent with strategic direction and priorities.
- An appraisal of the detailed service and financial planning underway to deliver the plan and an outline of service and financial risks and challenges.

30. Health Boards now share responsibility for strategic planning with the relevant Integration Authorities in their area. The LDP will set out local priorities for how they will address specific areas such as health inequalities and improving prevention work

based on the needs of their local population and own workforce. It will indicate how the Board will continue to strengthen their approach to community planning through both their contribution to integration and how they demonstrate leadership within the broader community planning partnership. Health Boards will also engage with Councils to establish wider relationships for community planning across the NHS system

The relationship between Public Health Scotland and Local Government

31. Public health has long been a key concern for local government, with councils' provision of local services and shared leadership of community planning partnerships being vital to the protection, promotion and improvement of the public's health and wellbeing. Working together, local authorities and NHS Boards jointly agree health protection (communicable disease and environmental health) priorities, provision and preparedness. Local authorities have a range of duties and powers which they may invoke to protect the public's health during an incident.

32. Local services working in partnership and alongside residents can be more effective in responding to complex needs. Since local authorities hold many of the levers for improving and protecting health and wellbeing it is vital for Public Health Scotland to work closely in partnership with them. Local authorities understand the crucial importance of the environment within which people live, work and play, the housing they live in, the green spaces around them, and their opportunities for work and leisure. They are well placed to promote innovation, trying new ways to tackle difficult public health problems. They also have considerable expertise in building and sustaining strong relationships with local citizens and service users through community and public involvement arrangements.

33. Local authority leaders are accountable to their electorate for the outcomes achieved by the local authority. They will work with local partners to respond to matters raised locally relating to the work of their community planning partnership and also assess and respond appropriately to any recommendations from Public Health Scotland. Through COSLA, they will reach any necessary collective agreements with the Scottish Government. We will expect local authorities to contribute to the development of the Public Health Scotland programme planning and comment on its implementation and delivery.

34. The new body will support a fully integrated public health function in local government at both strategic and delivery levels. Local authorities can directly influence town planning, employment opportunities, social support, transport, education and housing, so Public Health Scotland will need to work closely with them to ensure the impact on health and wellbeing is a positive one. This means supporting them in public health policy making, prioritisation, targeting and scrutiny for positive health and wellbeing outcomes.

35. Local government planning takes place as part of a robust strategic framework that connects the strategic vision of the Council and its partners to the detailed plans that guide the delivery of their frontline services. This framework ensures that all Council plans and strategies are driven by and focused towards the delivery of a single shared vision for the area and its services. This means a long-

term vision for the local area, shared by the Council, its partners, and our citizens. Community Plans and Local Development Plans describe the multi-agency, partnership work of the Council and other agencies to deliver the vision and outcomes across the local authority area. Locality Improvement Plans describe multi-agency, community based approaches to improve service delivery and reduce inequality. This planning work includes commitments aimed at delivering a healthier local population such as work with Integration Joint Boards on prevention and early intervention strategies; increasing access to sport and leisure facilities; and tackling food poverty.

The relationship between Public Health Scotland and Integration Authorities

36. Integration Authorities provide for efficient joint working, strategic planning and oversight of the performance of the delegated health and social care functions in their area. Appropriate links will be made between the Integration Authorities and Public Health Scotland. The new body will support them to plan and deliver evidence-based work that effectively brings together national and local public health capacity.

37. Each Integration Authority is responsible for ensuring the health and social care needs of vulnerable adults are met, as well as the health and social care needs of children where there is local agreement to include children's services in the partnership arrangement. They are accountable to the local authority and to the Health Board for how they undertake these responsibilities. Public Health Scotland will work with the Integration Authorities to ensure that they understand the role and responsibilities of the new body. The new body will position itself to be able to respond to their public health needs as they emerge. It will support the development of health and social care integration in this regard and also in relation to any specific projects related to the Public Health Priorities. It will help Integration Authorities develop their strategic plans in relation to public health matters and support collaborative team working across sectors. Engagement will be used as a means to identify pressing public health and associated workforce issues, which can be fed into Public Health Scotland's own planning processes.

38. Integration Authorities produce strategic plans that set out how their partnership will provide services over the coming years. They are updated each year to take account of changing needs and to take advantage of new opportunities to redesign services as they arise. They also consider issues and planned service developments in their localities, with a particular focus on those communities with high levels of deprivation. Underlying the vision and the key objectives of the strategic plan, there is generally a firm commitment to the principles of reducing inequalities, promoting opportunities and eliminating discrimination.

39. Integration Authorities work to develop a detailed understanding of the varying needs and assets of each community. As policies and programmes are developed as part of the strategic planning process, they are expected to actively consider any potential impact on health inequalities and report on steps that will be taken to reduce these. For example, they will look to support people to develop confidence in self-management, coping with their long-term conditions and leading a healthy lifestyle.

The relationship between Public Health Scotland and Third Sector organisations

40. The third sector will also be a vital partner for Public Health Scotland in putting prevention at the heart of health and care services, and supporting local communities to take a greater role in promoting health and wellbeing. It is essential that the skills and capacities of the third sector are recognised, supported and included in planning and delivery processes. Public Health Scotland will need to have a clear awareness of the extensive contribution that third sector organisations can bring to health and wellbeing development and delivery. Third Sector Interfaces will have a key role to play as a conduit to the third sector.

41. Third sector organisations have distinct features and attributes such as skill in working with communities and people facing health inequalities. This can mean a greater proximity to and trust with these communities and user groups. They can be flexible, innovative and more able to take risks. Public Health Scotland will ensure that third sector organisations are fully involved in all aspects of strategic planning and will promote the role of the third sector in local delivery. It will support third sector organisations with a public health interest to provide flexible and diverse services, reaching and benefitting communities that can sometimes be distanced from statutory services.

Organisations Working in Partnership

Community Planning Partnerships

42. The Community Empowerment (Scotland) Act 2015 introduced a statutory purpose for community planning, which is about how public services work together and with communities to improve outcomes and tackle inequalities on an agreed set of locally determined priorities. The Act placed specific duties on "community planning partners" (who are listed in the 2015 Act), linked to improving outcomes, the aim of which is to ensure that all public service organisations which can help the community planning partnership fulfil its core duties take that responsibility as seriously as their other statutory functions and duties, and that their governance and accountability arrangements reinforce that. These duties include:

- working collaboratively with other partners in carrying out community planning;
- taking account of the local outcomes improvement plan (LOIP) and locality plans for communities experiencing particularly high levels of disadvantage in carrying out its own functions;
- contributing such funds, staff and other resources as the Community Planning Partnership considers appropriate to improve local outcomes in the LOIP;
- securing the participation of community bodies in community planning.

43. While community planning partnerships are not required to pursue nationally set priorities, on public health or any other theme, in practice community planning provides a highly important vehicle for driving local public health ambitions. Many of the local outcomes that community planning partnerships frequently prioritise in their LOIPs directly relate to aspects of public health: for example, improving physical and

mental health; reducing inequalities in physical and mental health; a more active community; a safer community; reducing alcohol and drug misuse.

44. Other local priorities commonly featuring in LOIPs cover broader themes that inter-connect in some way with public health. Examples include: improving economic prosperity; more resilient communities; giving young people the best start in life; reducing child poverty; improving availability and quality of affordable and other housing.

45. There is no standard approach as to how community planning partnerships operate - they operate in different ways and at a range of different levels to meet local needs and circumstances. Most community planning partnerships tend to have a high-level strategic Board, with some community planning partnerships delegating most decision-making and review responsibility to a management group of senior executive officers. A range of executive/thematic/partnership and area/neighbourhood based groups come under the umbrella of the Community Planning Partnership.

46. Given its core leadership and delivery role in improving and protecting the public's health and wellbeing and reducing health inequalities, we intend to add Public Health Scotland to the list of statutory community planning partners in the Act. Community planning partners, both statutory and non-statutory, provide the strong shared leadership required for community planning.

47. As a proposed member of the Community Planning Partnership, Public Health Scotland will contribute to managing related performance and improvement and should be able to demonstrate it is making a measurable difference to the collective effort of reducing inequalities in outcomes, applying preventative approaches and using all resources available to get the maximum benefit for local communities. In particular, Public Health Scotland will contribute towards shared leadership in relation to local public health matters, supporting an ambitious local vision for public health and identifying related targets and performance measurement for community planning and driving progress towards these.

Regional Economic Partnerships

48. Regional Economic Partnerships are being developed across Scotland in order to drive inclusive economic growth. Making the transition to a more productive economy and inclusive society requires an understanding of issues and drivers of growth and inclusion at all levels, including regionally. In these self-defining Regional Economic Partnership areas, local authorities work in collaboration with partners in the private sector, education and skills, our economic development agencies and the third sector to develop a more holistic approach to economic development. Regional Economic Partnership working can provide a sharper focus on alignment of the resources, actions and priorities of the partners, which supports and maximises regional and local economic development opportunities. Consideration of common public health challenges and opportunities within the regional economic area will be crucial to identifying priority activities that will deliver inclusive growth and potentially improve health and wellbeing through lower poverty levels and more equal income and wealth distribution. The establishment of regional economic partnerships has

been supported by local partners in the public and private spheres, who recognise the opportunities that come in working across boundaries, and it is also supported by Scottish Government agencies, building on their Community Planning Partnership contributions. Public Health Scotland will potentially be able to contribute to inclusive economic growth in a wide variety of ways, from driving improvement in the health and wellbeing of the workforce to training, innovation, scientific support across sectors and promoting Scottish capability overseas.

Other local partnership arrangements

49. Beyond community planning partnerships and Regional Economic Partnerships, there is a wide range of statutory and non-statutory partnerships and cross-cutting delivery groups which have a significant contribution to make in local public health arrangements throughout Scotland, bringing consistency whilst supporting local needs and circumstances. For example, this may include Community Safety Partnerships, Domestic and Sexual Abuse Partnerships, Alcohol and Drug Partnerships, Housing Partnerships, Early Years Strategy Groups and Economic Partnerships.

50. Local partners may also choose to develop different models of partnership working to address local or regional public health needs and priorities in ways they consider best reflect local circumstances, and we welcome this flexibility. Building on the experiences, structures and learning from existing partnerships with a public health interest, these self-assembled local or regional partnerships could be tailored to the bespoke requirements of the area in question. So, partners might set up a separate partnership structure for these purposes, or build on existing arrangements. In particular, partners might agree to use local community planning operations as a vehicle that supports partnership working for these purposes, even where the scope of this work goes beyond a community planning partnership's own priorities set out in its LOIP and locality plans.

51. We expect public sector bodies to promote and use local partnership arrangements to identify and pursue public health issues relevant to them. They can all provide unique and valuable contributions. However, we recognise that the capacity of certain bodies may be limited. Such national and regional bodies will have to balance the contribution they make locally with their national or regional obligations. Partnerships on a cluster basis may be one way of achieving better public health outcomes. Any such partnerships would have to recognise that individual local authorities may have different needs and circumstances.

52. How local partners work together within these partnerships, for the planning and delivery of services for the public's health and improving associated outcomes, is at local discretion. Local partners within partnerships will use the National Performance Framework and Public Health Priorities to help guide their strategic plans for public health in their area.

53. The Scottish Government and COSLA, with input from key partners and stakeholders, will consider what additional guidance is necessary for local partners and partnerships to support them in developing their arrangements for public health. This guidance will complement existing legislation and accompanying guidance such

as the Local Government in Scotland Act 2003 and the Community Empowerment (Scotland) Act 2015. It may, for example, highlight various relevant partners and existing partnership groups which should be included in the consideration of local needs and circumstances and related planning and delivery of services for the public's health.

54. Public Health Scotland can help ensure that local partners tailor their plans, products and services to local public health needs and work constructively with relevant partnerships. Sharing of best practice and promoting the benefits of the various partnerships will encourage a deepening of partnership working. We want to foster a collaborative environment across partnerships by building inclusive networks with the common aim of improving and protecting the public's health and wellbeing. Supporting the delivery of the cultural change that is necessary to integrate the approaches of all these bodies and partnerships properly will of course need time: both in terms of learning how to use the mechanisms available; and in helping to break down organisational barriers to become more effective collaborators.

55. In summary, Scottish Government and COSLA have an expectation that relevant non-statutory providers of services that lead to improved outcomes for the public's health will also be fully and appropriately involved in the planning and decision-making within the local partnership arrangements.

Involving Communities

56. However local public health priorities are taken forward, meaningful and committed participation with communities should be integral to it. For instance, community participation lies at the heart of the purpose of community planning. Part 2 of the Community Empowerment (Scotland) Act 2015 requires a defined set of public sector bodies to work together *and with community groups*, to improve outcomes and reduce inequalities on an agreed set of local priorities. The value of community involvement applies to all aspects of community planning – from understanding local needs and circumstances; to identifying local priorities; to deciding what action to take to deliver on those priorities; and to reviewing and reporting on progress made.

57. Part 3 of the 2015 Act introduces rights for community bodies to seek to influence the decisions and actions of public sector bodies in their own activity. The Act states that a "community participation body" (defined in section 20 of the 2015 Act as a "community-controlled body" (defined in section 19 of the 2015 Act), a community group (the criteria for which are set out in section 22(2)(d) of the 2015 Act), a community council, or a body designated by an order of the Scottish Ministers) may make a request to a "public service authority" to permit the body to participate in an "outcome improvement process" (defined in section 22(7) of the 2015 Act). A "public service authority" is defined in section 21 of the 2015 Act as either a person listed (or of a description listed) in schedule 2 of the 2015 Act or a person designated as a public service authority or within a class of persons designated as a public service authority by an order of the Scottish Ministers. In general terms participation requests are intended to provide opportunities for communities to pro-actively be involved in improving outcomes. They can be used to help people start a dialogue; help them contribute to decision-making processes,

service change or improvement; and help people seek support for alternatives which improve outcomes. We would propose to add Public Health Scotland to the list of public service authorities in schedule 2 of the 2015 Act to allow communities to tap into their expertise and influence decision-making and service design.

The Third Sector

58. Third sector organisations are a vital resource for providing a voice and support for local communities, and for creating a bridge between these communities and public sector bodies.

59. Third sector bodies have a well-defined and important role in contributing to health and social care integration. The Public Bodies (Joint Working) (Scotland) Act 2014 placed a statutory responsibility upon Health Boards, local authorities and Integration Authorities to actively involve the third sector in the planning and design of integrated health and social care services. Third Sector interfaces (“TSIs”) play an important role in the third sector landscape. They are a central source of knowledge regarding local and national policy and understand the third sector’s ability to contribute to local outcomes and national strategies, including in Health and Social Care. Building on the work of TSIs to provide a catalyst to the Scottish Government’s ambitions for the third sector to play a greater role in public service reform, TSIs are positioned to act as the conduit for the third sector in relation to integration activities.

60. TSIs also perform an essential role in building the third sector relationship with community planning. The role is supported by locally adapted arrangements developed by TSIs to engage and involve the full range of the third sector in the area to inform their contribution to community planning. These can be a mix of geographic and thematic forums designed around local needs.

61. Health Boards, local authorities, Integration Authorities and, where appropriate, other local and regional public services, will consider how the TSIs are resourced in each partnership area to support, promote, develop and advocate the role of the third sector in the strategic planning and working arrangements of integrated partnerships.

Arrangements for planning of services under the new model

62. Public Health Scotland will work with partners to develop a transparent process for the strategic planning of services in relation to the public’s health and wellbeing, building upon existing good practice. By strategic planning, we mean supporting the shared assessment of and forecast of needs, linking investment to outcomes, considering options and supporting partners to plan the nature, range and quality of future services in support of public health outcomes. Contracting and procurement procedures will support the planning process and will rest with the appropriate local or national body or bodies.

63. There may be benefits for shared services or collective and collaborative undertakings at a national, regional and local level. Organisations will be expected

to work in partnership in establishing appropriate arrangements¹³ and agreeing collective funding mechanisms where necessary. Consideration should, however, be given to lead authority arrangements and all existing partnerships and established organisations wherever possible. In establishing these arrangements, we expect there to be a focus on what works, improving outcomes, local need and Best Value.

64. Public Health Scotland will have the ability to organise pan-Scotland services, informed by input from national, regional and local strategic considerations and with the approval of Scottish Ministers, COSLA and other partners as appropriate. An example of such a service might be tailored, multi-agency services for groups at significant health risk or with complex health and social care needs. It will be open to local partnerships to request such arrangements to be put in place via Public Health Scotland.

65. In some circumstances, it may be that a new or national initiative needs to be established by Scottish Ministers to help deliver public health outcomes. Where there is an impact on local financial and planning decisions, Scottish Ministers would do this in agreement with COSLA, respecting the established procedures for the setting of the public sector budget in Scotland.

66. There will be processes in place to quality assure any services which Public Health Scotland may establish, oversee or discharge as there would be for any other collective or collaborative arrangements. Such processes will ensure that those accessing such services will have an avenue to provide comment.

Partnership delivery plans and annual reports

67. As noted above, existing partnership reporting duties will still apply, as will existing accountability mechanisms for partner bodies. Public Health Scotland will provide advice on partnership plans and reports as required in relation to public health matters. This advice may be relevant for the partnership as a whole, or for any of the local partners.

68. Guidance will be developed on how local authorities and other statutory partners can best collect and share the data required to allow them to assess need and to evidence outcomes for the public's health and wellbeing.

69. The establishment of Public Health Scotland will not affect existing local authority duties to protect public health in the community as set out under the Public Health etc. (Scotland) Act 2008. In this context, "protecting public health" means the protection of the community (or any part of the community) from infectious diseases; contamination; or other such hazards which constitute a danger to human health.

Information governance

70. Establishing Public Health Scotland will require the transfer of significant data responsibilities related to health information, health intelligence, statistical services

¹³ Example may be: the establishment of a national framework contract via a lead authority or existing organisation against which local partners may call off services.

and advice that supports the NHS in progressing quality improvement in health and social care and facilitates robust planning and decision making. Public Health Scotland will have to comply with all relevant legislation and put in place policies, procedures and data sharing agreements as per the predecessor bodies, ensuring that any relevant data collected and stored by Public Health Scotland complies with the required legislation, and data collected and stored by other parties can continue to be accessed and processed effectively. This includes meeting requirements for Data Protection Impact Assessments, relevant training and data processor arrangements.

71. Public Health Scotland will be a knowledge based and intelligence driven organisation with a critical reliance on data and information to enable it to fulfil its statutory duties and accomplish its vision of achieving better health and wellbeing outcomes for the population. As such, it will need access to a wide range of data and information from across the whole system. The ability to effectively and efficiently identify and respond to immediate threats and longer term challenges to public health depends on it having timely and efficient access to data and information on the health and wellbeing status of the population, the wider determinants of health across populations, and the provision of health and care services to the population of Scotland.

72. Our intention is that the accessibility of the data to those who need it will be maintained and ultimately enhanced. This includes the timeliness of access as well as consideration of the fundamental confidentiality and security requirements related to the data access. Our ambition is that all parts of the system should work together to gain maximum value from data, including optimising functionality and linkages across the system, securing Best Value for the public, and translating the data into intelligence that can help improve health and wellbeing outcomes. In the short-term we want to be assured that the new body has the capacity and capability to achieve the data function transfer without any degradation of quality and performance or any impact on other core functions. The ultimate, long-term aim is to enable the effective and efficient sharing of data wherever and whenever it is required for direct clinical care, population health management, and intelligence and research.

Question 2: (a) What are your views on the general governance and accountability arrangements?
(b) How can the vision for shared leadership and accountability between national and local government best be realised?

Question 3: (a) What are your views on the arrangements for local strategic planning and delivery of services for the public's health?
(b) How can Public Health Scotland supplement or enhance these arrangements?

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?

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

Question 6: (a) What are your views on the information governance arrangements?
(b) How might the data and intelligence function be strengthened?

CHAPTER 4

OUTCOMES, PERFORMANCE AND IMPROVEMENT

1. At a high-level, the Scottish Government National Performance Framework will be used for monitoring of progress in delivering public health related outcomes across Scotland. The Framework will be used by Public Health Scotland to provide assurance to Scottish Ministers and COSLA. We will also consider what additional short/medium term outcomes and performance indicators may be required in order to capture short and intermediate term progress against the Public Health Priorities and the specific role and impact of Public Health Scotland. As far as possible, future evaluations should be able to attribute specific impacts to the public health reform programme in order to guide future strategic decision-making.
2. As part of this work, we want Public Health Scotland to:
 - Encourage and facilitate collaborative working on performance management at community planning level related to both the National Outcomes and the Public Health Priorities;
 - Enable effective benchmarking between local partnerships and help them share good practice and identify differences/inequalities in performance across Scotland;
 - Identify steps and potential action to better share good practice and highlight good performance and address poor performance.
3. How local partners intend to deliver against existing plans and report on achievements will already be an essential part of their local planning and annual reporting. The Scottish Government expect local partners to work together to enhance services in order to achieve improved outcomes for the public's health and wellbeing.
4. As an NHS Special Health Board, the performance of Public Health Scotland will also be meaningfully measured, both nationally and against local planning. This will be done in ways that reflect the broad role and responsibility of Public Health Scotland to protect and improve the public's health.
5. The vision and our aspiration for public health reform is that it delivers a Scotland where everybody thrives – individuals, their communities and the public services and arrangements that support them. This will require new measures of success that reflect how organisations work together and how citizens feel. It will require the whole system to work together, making the most of all the assets we currently have, and developing new solutions.

Question 7: (a)What suggestions do you have in relation to performance monitoring of the new model for public health in Scotland?
(b)What additional outcomes and performance indicators might be needed?

CHAPTER 5

FUNCTIONS OF PUBLIC HEALTH SCOTLAND

1. In the course of the last year we have undertaken collaborative work to determine what functions the new body will be responsible for, and how this fits within our broader blueprint for change – i.e. how the body will, in practice, support and enable the wider system. Scottish Ministers and COSLA have agreed that Public Health Scotland will be responsible at the national level for the public health domains of:

- health improvement (currently delivered by NHS Health Scotland);
- health protection (currently delivered by Health Protection Scotland);
- health care public health (HCPH). There is no existing national leadership role for this domain, although Information Services Division and Healthcare Improvement Scotland support elements of this work.

And alongside this:

- underpinning public health data and intelligence to support the delivery of these. Health intelligence is largely delivered by Information Services Division, but we also recognise the new body will increasingly need to access and use data that reflects the whole system.

2. Additionally, we have agreed that the new body should have a leadership role in relation to public health research, data science and innovation, and for the development of the specialist and practitioner workforce within the whole system. Various Public Health Reform Programme Commissions have completed work to inform a detailed Target Operating Model (TOM) for the functions and services of Public Health Scotland. TOM 2.0 was approved by the Public Health Reform Programme Board on 2nd May 2019. Work to implement Public Health Scotland has commenced and will be informed further by this consultation.

3. The Commissions are considering the following questions:

Improving health:

What do we need Public Health Scotland to do to support the achievement of a 'step change' in Scotland's health status and a reduction in health inequalities?

Protecting health:

What do we need Public Health Scotland to do to support an ongoing high quality, resilient and efficient health protection service for Scotland?

Improving services/health care public health (HCPH):

What do we need Public Health Scotland to do to support effective HCPH input to the design and delivery of care services across Scotland to maximise their population benefits and their contribution to reducing health inequalities?

Underpinning data and intelligence:

What do we need Public Health Scotland to do to provide the best possible public health intelligence to inform and shape public health activities across Scotland?

Leadership for public health research, innovation and applied evidence:

What do we need Public Health Scotland to do to enable effective collaboration between multiple academic disciplines, practitioners, policy makers and the public – to maximise the potential for scientific and translational innovation and impact?

Leadership for Public Health workforce development:

What do we need Public Health Scotland to do to provide leadership in ensuring a robust, resilient and competent public health workforce?

4. Under the new model, we propose that Public Health Scotland will perform the following key functions:

Provide national, professional and strategic leadership for public health in Scotland:

- Provide the strategy, vision and direction for the successful achievement of the body's remit and lead the drive for improved outcomes for the public's health and wellbeing, and reductions in health inequalities in Scotland;
- Act as the voice and champion for public health services across the public, private and third sectors, to raise their profile and highlight their contribution to delivering improved health and wellbeing outcomes and reductions in health inequalities in Scotland;
- Identify and recommend actions to address, as appropriate, institutional, legal, financial, workforce and any other systemic barriers to progressing improving and protecting health and wellbeing;
- Provide a credible, independent voice based on evidence and professional judgement, that can objectively assess and comment on the likely impact, benefits and risks to the public's health and wellbeing of policy proposals;
- Promote partnership working at both national and local level by enabling engagement between partners in public health, health protection, population health improvement, local government, and other health and non-health fields across the public, private and third sectors;
- Engage with practitioner networks to identify best practice and develop guidance based on practice concerns;
- Support the development of a more strategic and co-ordinated approach to the involvement of the NHS, local government, community planning partnerships, the third sector and other partners and partnerships in improving and protecting the public's health and wellbeing;
- Develop the vision for a more strategic approach to workforce development for public health practitioners, focused on the continuing professional development of all staff;
- Work with existing bodies and partners to establish standards and expectations of good public health practice;

- Support innovation by identifying and promoting national and international best practice, including within the fields of data science and behavioural science;
- Support effective HCPH input to the design and delivery of care services across Scotland;
- Support ongoing high quality, resilient and efficient health protection for Scotland.

Provide support to and oversight of the delivery of the Public Health Priorities in Scotland:

- Advise Scottish Ministers, COSLA and relevant local government partners on collective performance against delivery of the Public Health Priorities, with an emphasis on driving local, regional and national continuous improvement;
- Review local plans and annual reports as part of the assurance process to Scottish Ministers and COSLA / Local Authority Leaders;
- Engage with education, scrutiny and inspection bodies on arrangements for providing assurance on quality and continuous improvement of public health services;
- Enable the benchmarking of local partnerships against each other and through existing arrangements to allow for collective and continuous improvement and identifying opportunities to extend best practice;
- Develop, in conjunction with local partners, a support programme and toolkit for effective partnership approaches to improve and protect the public's health.

Identify and advise on how health and other resources could be aligned to improve outcomes for the public's health:

- Advise Scottish Ministers on how funding should be prioritised to support the Public Health Priorities, including any redistribution which may be necessary within the health sector and the better alignment of resources from out with the health sector;
- Identify, with key partners and stakeholders, opportunities for deriving the greatest value from strategic planning¹⁴ of services in relation to public health, based on an analysis of need, evidence of what works and efficiency;
- Identify elements of the public health system that may be better undertaken at a national level, such as the coordination and employment of public health specialists; and
- support the delivery of effective, efficient and high quality health and social care services.

¹⁴ Public Health Scotland will work with community planning partnerships, local authority leads, Integration Authorities, delivery partners, the third sector and other stakeholders to develop an agreed intelligence-led and transparent process for the long term strategic and co-ordinated planning of services in relation to public health, building upon existing good practice. By planning, we mean supporting the shared assessment of and forecast of needs, linking investment to outcomes, considering options and supporting partners to plan the nature, range and quality of future services in support of public health outcomes. Contracting and procurement procedures will support the planning process and will rest with the appropriate local or national body or bodies (such as NHS Procurement).

Management of any services which have been identified and agreed as being best delivered on a national basis:

- Strategic planning arrangements for the public's health at a national level where necessary;
- Oversight, development and delivery of national training and development for public health, in conjunction with NHS Education for Scotland (NES);
- Management and monitoring of contracts awarded at a national level;
- Elements of learning and development, including effective practice;
- Oversight of the development and support of IT and information management assets to be managed at a national level;
- Core services and activities currently provided by Health Protection Scotland, Information Services Division and NHS Health Scotland, including:
 - **Health Protection Scotland:** co-ordinating national health protection; monitoring health hazards; health risk assessment of environmental and infection threats; identifying risk management and risk communication options; incident and outbreak management; raising standards in health protection; health protection: research and development; expert advice; developing the workforce; monitoring emerging infections; support commissioning of Reference Laboratory Services.
 - **ISD:** data management; analytics and intelligence; information and intelligence consultancy service; research, innovation, audit and clinical trials support; training and advice.
 - **NHS Health Scotland:** health improvement and tackling health inequalities; strengthening the evidence base; support and promotion activities; strengthening services and collaboration; research and knowledge services; screening and immunisation advice; communications / marketing; advice and training and producing learning resources.

Shared services:

- Enter into arrangements with relevant partners to provide or secure goods or services;
- Services could potentially include administrative services, technical services, professional services, or accommodation services related to public health.

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

CHAPTER 6

HEALTH PROTECTION

1. Health protection is a critical element of the national public health infrastructure because an effective health protection function protects the population from risks and threats. The health protection function in Scotland is currently strong, and in establishing Public Health Scotland it is important current protections are not compromised. Specific Scottish policies on infectious and environmental hazards are usually set within a UK and European context. The parameters for action in this sphere of public health are underpinned by legislation, principally the Public Health (Scotland) Act 2008.

2. Health Protection Scotland (HPS) currently provides the national-level health protection function in Scotland. HPS is currently organised into three specialist groups with expertise provided by a multi-disciplinary workforce, which includes public health specialists, doctors, nurses, scientists and information staff, all of whom are supported by core business and Information Management and Technology teams. The specialist groups are:

- Antimicrobial Resistance and Healthcare Associated Infection (ARHAI);
- Blood Borne Viruses and Sexually Transmitted Infections, Immunisation, and Respiratory and Vaccine Preventable Diseases;
- Gastrointestinal and Zoonoses, Travel, and Environmental Public Health.

3. In light of recent infection incidents and the associated independent external review that has been commissioned, the Cabinet Secretary for Health and Sport is considering what provision may be needed at the national level in future in relation to infection prevention and control. Decision-making around the ARHAI component of HPS will therefore require further consideration.

4. It is proposed that the relevant Health Protection Scotland functions to be transferred to Public Health Scotland will include:

- Surveillance;
- Co-ordination of agreed national health protection programmes (e.g. Immunisation);
- Expert advice and horizon scanning;
- Effective preparation and response to outbreaks and incidents;
- Enabling good professional practice;
- Supporting the ongoing development of a confident and competent health protection workforce;
- Monitoring the quality and effectiveness of health protection services;
- Support for commissioning specialist/reference lab services;
- Research and innovation to provide evidence for action.

5. Public Health Scotland will become responsible for the implementation of the relevant health protection programmes and policies, including the provision of expert advice on policy development; the development and implementation of a quality assurance framework for health protection at a local, regional and national level; public communication and advice on health protection issues and leading the coordination of the national health protection operational response to incidents requiring Scotland wide action.

6. Local authorities and NHS Boards have a critical role in working together to protect the health and wellbeing of their population, both in terms of planning to prevent threats arising, and in ensuring appropriate and coordinated responses when risks emerge. Future health protection effectiveness will depend on how well Public Health Scotland links with the many key stakeholders in health protection.

7. These fall into four categories:

- Local bodies, such as NHS Boards or Local Authorities;
- Special NHS Boards with national responsibilities;
- other organisations with Scotland or UK-wide remits which overlap with health protection; and
- UK and international health protection partners.

8. The wide range of stakeholders in Scotland who have an interest in Health Protection are supported and engaged via the Scottish Health Protection Network (SHPN), a national multi-disciplinary obligate network that is supported by HPS. The SHPN involves a wide range of stakeholders from NHS and non-NHS organisations, and is a model for the cross-system collaboration that Public Health Scotland will seek to support and promote more generally.

9. Public Health Scotland will build on the existing strengths of the SHPN to deliver its Health Protection leadership role in partnership with the multiple agencies involved across the system. The SHPN will continue to be supported, and Public Health Scotland will plan and deliver effective and specialist national services which co-ordinate, strengthen and support activities aimed at protecting the people of Scotland from infectious and environmental hazards. This means:

- Assessing the risks to public health associated with exposure to environmental hazards and working to minimise the adverse health impacts of these and other environmental factors.
- Evaluating and characterising the epidemiology of communicable diseases in Scotland; and strategies to reduce their incidence, using surveillance data and evidence based intelligence; .
- Investigating and managing outbreaks of communicable disease and environmental incidents to limit the impact on the public's health and wellbeing.

10. The new body will continue to provide a comprehensive range of scientific advice and interventions to protect the public's health and wellbeing against a range of domestic and international threats. It will work to strengthen the resilience of our scientific response to threats to the public's health and wellbeing through ongoing scientific advances and contributing to UK-wide preparedness.

Question 9: (a) What are your views on the health protection functions to be delivered by Public Health Scotland?
(b) What more could be done to strengthen the health protection functions?

CHAPTER 7

STRUCTURE OF PUBLIC HEALTH SCOTLAND

Overview

1. Public Health Scotland will have a Board which will hold to account the Chief Executive and the Executive Team of the body. Appointments to the Board will be based on the skills, experience and qualities required to govern the body.
2. To help it discharge its functions, the Board will have the ability to establish committees, which will function on behalf of the Board with membership drawn from non-executive Board members. Advisors from the professional landscape of public health and elsewhere may also be in attendance. Boards establish committees to function on behalf of the Board as part of the Board governance structure and assurance process.
3. As a body corporate, Public Health Scotland will have the facility to recruit and appoint its own staff within the budget that has been set. The Chief Executive will oversee the appointment of staff to the body, making reference to the Board as required.

Organisational structure for Public Health Scotland

4. Public Health Scotland will need to have a staffing complement sufficient in size, skills and experience to deliver its required functions, whilst working to the principles of both flexibility in resourcing and non-duplication of effort and remit of existing structures and organisations. The Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) or the Cabinet Office Statement of Practice on Staff Transfers in the Public Sector (COSOP) may apply on the creation of Public Health Scotland to transfer staff from Health Protection Scotland, Information Services Division and NHS Health Scotland. If there is such a relevant transfer for the purposes of TUPE or COSOP, those provisions provide important protection of employees' rights.
5. The Public Health Reform programme is committed to a shared services provision within Public Health Scotland, in line with the foundations established by the Christie Commission. The programme is considering which corporate services will be provided by a shared services provider or providers to Public Health Scotland. This is being explored in partnership with the staff and their representatives within NHS Health Scotland, Health Protection Scotland and Information Services Division that are potentially affected by this, and in line with the NHSScotland Staff Governance Standard and Organisational Change Policy.
6. Given the key role of leadership for Public Health Scotland it is anticipated that some new senior executive roles will be created within the organisation. These are likely to include roles which focus on: strong engagement and partnership across the whole system, leadership for data science and innovation, and professional public health leadership, strategy and policy.

7. It will be the responsibility of the Chief Executive to take forward any review and reshaping of this structure following its establishment. As a Special Health Board, the staff pay systems and terms/conditions for existing NHS staff will remain the same, falling within the Public Sector Pay Policy, Agenda for Change and Terms and Conditions of Service for Medical and Dental Staff.

Location for the staff and for the headquarters for Public Health Scotland

8. Details such as the location for the headquarters for Public Health Scotland and location of staff will be determined as part of the establishment of the body. At the point of establishment the majority of staff will be based in current accommodation (predominately Gyle Square in Edinburgh and Meridian Court in Glasgow), and the Board will over time take decisions about what sort of accommodation best meets the needs of the organisation.

9. As the remit of Public Health Scotland extends across the country, the accommodation for the organisation may change over time. We expect that it is possible that staff may be based in its headquarters and related offices, home-based or that arrangements are taken forward with local delivery partners to host staff as appropriate to their remit and local needs and circumstances.

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?

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?

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

CHAPTER 8

COMPOSITION OF THE BOARD FOR PUBLIC HEALTH SCOTLAND

1. The role of the Board for Public Health Scotland will be to govern the body. Generally, the optimal size of Board for an NHS organisation of this size would be up to 13 members. Given our commitment to shared leadership and accountability between Scottish Ministers and COSLA, we would propose that the Board embodies this through its membership and that the approach to governance is agreed by COSLA and Scottish Government.

2. It is difficult to specify an ideal number of Board members and there has to be a balance between having sufficient skills and expertise and not having so many members that decision-making and collective responsibility become difficult. The Chief Executives of all NHS bodies sit on their Boards in their own right. Some senior Directors, such as Directors of Finance or Medical Directors are also Executive Board members of NHS bodies. It is proposed that the Board will include one or more councillor members nominated by COSLA.

3. Standing orders for the Board are likely to include the matters set out in schedule 1 of the Health Boards (Membership and Procedure) (Scotland) Regulations 2001¹⁵, which details matters to be included in the standing orders that regulate meetings and proceedings of the Board and committees of Health Boards. Members of the Board will require to observe the Board Members' Code of Conduct made under the Ethical Standards in Public Life etc. (Scotland) Act 2000.

4. It is our intention to appoint the members of the Board through the public appointments process. It is our hope that the Board will include people with experience in other related areas such as those with academic and third sector experience. We will also try to build human rights into the governance structure of the organisation, by recruiting lived experience and expertise on human rights onto the Board. It is, therefore, expected that individuals appointed to the Board will bring expertise and experience from one or more of the following areas:

- academia;
- business and industry;
- corporate governance and financial governance;
- communications and media;
- the prison sector;
- community justice;
- health;
- human rights;
- IT, analytics and data science;
- the judiciary and legal profession;
- local government;
- policing;
- public health;

¹⁵ [S.S.I. 2001/302](#).

- scrutiny and inspection of public services;
- social work and social care;
- the third sector.

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

Question 14: (a) What are your views on the size and make-up of the Board?
(b) How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?

CHAPTER 9

DATA SCIENCE AND INNOVATION

1. Public Health Scotland will have a key responsibility for leadership for data science and innovation for public health. We want to embrace new opportunities to achieve improvements in health and wellbeing outcomes. This means using data to produce insights that enable people to make the right decisions at the right time, personalised to their own lifestyle and health needs, and recognising the powerful structural drivers which influence individual behaviours. Lived experience should be central in all public health services, enabling people to make better decisions about their health and improving the understanding of, and response to the specific problems within communities. We want to make use of the latest insights, technology and methodologies that improve our understanding of prevention, through research into the behaviours of the population. This will be crucial in motivating people and communities and achieving meaningful behavioural change.

2. Data and information have always underpinned our understanding of the public's health and wellbeing, but we are now within a digital age of unprecedented opportunity to drive further improvements through data science – the approach to understanding and predicting patterns in ever increasingly complex and large volumes and varieties of unstructured data. There is more data available than ever before: on people's health and wellbeing, on their circumstances, on their genetic make-up, on their habits, on their environment. Affordable cloud computing power is rapidly increasing to enable analysis of such data, and technology is more readily available to people and will become ever more available in the future – including smart and wearable devices, at home diagnostics, and digital therapeutics.

3. We want to use such research to identify the social, economic, environmental and behavioral determinants of health and wellbeing, developing and evaluating interventions and policies for the protection and improvement of it. These resources will inform the preparation of the professionals and researchers who will influence change across the public sector. By illuminating basic social determinants of health and wellbeing and identifying and testing innovative social policy and service interventions, we can help develop practitioners who are skilled in designing, implementing, and evaluating health-enhancing interventions. There is increasing recognition that behavioral, psychological, and social factors play a crucial role in epidemiology and related public health and wellbeing activity, both as risk factors for adverse outcomes and in strategies to promote health and prevent disease.

4. This work will inform practice through research and provide opportunities for innovation, learning and development for those working within and across the public health landscape, allowing them to enhance their professional identity and harness international best practice. A particular focus will be on innovation in public health intelligence and data science, incorporating a 'whole system' focus to supporting digital transformation and the effective use of population data. Digital technology and data will be used appropriately and innovatively to help plan and improve public health services; enable research and development; and ultimately improve public health and wellbeing outcomes. For example, in relation to better preventative

approaches and cures for diseases, individuals in control of managing their own conditions, and environments which actively drive and support healthier lives.

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

CHAPTER 10

TRANSITION ARRANGEMENTS – FROM EXISTING STRUCTURES TO THE NEW MODEL

Supporting the transition

1. It will be important to ensure a successful transition from the current structures to the new model for public health in Scotland. The Scottish Government and COSLA are committed to ensuring the shift is as smooth as possible for all partners.
2. In recognition of this, COSLA will play a key role alongside Scottish Government officials in raising awareness of the reform programme and the aims and functions of Public Health Scotland.

The transition process

3. The transition arrangements and awareness-raising process will continue until the full implementation process for the new arrangements has been completed.
4. Dates for the transition are indicative and will be driven, in part, by legislative requirements, Parliamentary process and by the readiness of partners to take forward the change agenda.
5. It is proposed that elements of the transition will come into effect at different times throughout the period 2019-20. This will necessitate a degree of flexibility on behalf of all partners and some interim procedures and processes being put into place. It is intended that these procedures and processes will support and enable the smooth transition to take place.
6. It is recognised that there will need to be clear procedures in place for the transition of specific roles and responsibilities from the current structures to the new arrangements. We will consider how the existing governance structures in the three predecessor bodies might be represented in the new body e.g. what Executive leadership roles, committees, assurance information systems and administrative arrangements might be required. Consideration will also be given to the relationship between the new Board and the existing bodies during the transitional period leading up to the new body being established and its predecessor bodies being dissolved. We would envisage that Public Health Scotland will begin to exercise its functions from 1 April 2020.
7. Relevant partnerships and partners will be invited to strengthen local arrangements for the strategic planning and delivery of improvements to, and protection of the public's health and wellbeing during the financial year 2020-21.
8. The establishment of Public Health Scotland will be guided by the timing of legislation passing through the Parliamentary process. As noted above, we expect the body to become operational from 1 April 2020. We will establish shadow arrangements to ensure a smooth and time-efficient transition that allows the body to

commence its work in April 2020 in alignment with the required elements of legislation being in place.

9. The Public Health Reform Programme has implemented a communication strategy so that relevant delivery partners and stakeholders are kept updated with progress of the transition process.

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

CHAPTER 11

FUNDING THE MODEL FOR PUBLIC HEALTH IN SCOTLAND

1. In relation to the structural arrangements for public health, the Scottish Government is continuing to assess this but will work to the principle that funding will follow function. That is to say that where a new function is created or existing function moved, existing funding resources will be moved in line with this. NHS Scotland is responsible for a budget of around £13 billion per year (£5.8 billion of which is delegated to the Integrated Joint Boards), approximately 156,000 staff and provides services to a population of around 5.5 million. Of that, Public Health Scotland will be responsible for functions that are currently funded by a core recurring budget of around £40m and a significant non-core, recurring budget of £20m (subject to demand). It is estimated that there will be approximately 1,100 members of staff within Public Health Scotland.

2. There will be start-up costs associated with establishing Public Health Scotland and its Board. These are being met by Scottish Government. Costs will be kept to a minimum and will be detailed within the policy note as part of the legislative process.

CHAPTER 12

EQUALITIES IMPACT ASSESSMENT

1. The Scottish Government welcomes your feedback regarding the impact of the proposals presented in this paper on equalities, and the effect they may have on different sectors of the population and Public Health Scotland staff.

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

CHAPTER 13

BUSINESS REGULATORY IMPACT ASSESSMENT

1. All policy changes, whether European or domestic, which may have an impact upon business or the third sector should be accompanied by a Business Regulatory Impact Assessment (BRIA).
2. The BRIA helps policy makers to use available evidence to find proposals that best achieve the policy objectives, whilst minimising costs and burdens. Through consultation and engagement with business, the costs and benefits of the proposed legislation can be analysed. It also ensures that any impact on business, particularly small enterprises, is fully considered before regulations are made.
3. A partial BRIA has been published alongside this consultation for consideration. The Scottish Government welcomes your views on the partial BRIA and the impact that the proposals presented in this consultation paper may have on businesses and the third sector.

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?

CHAPTER 14

HOW TO RESPOND

Responding to this Consultation

1. We are inviting responses to this consultation by **08 July 2019**.
2. Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation online at (<https://consult.gov.scot/public-health/public-health-scotland>). You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of **08 July 2019**.
3. If you are unable to respond using our consultation hub, please complete and send the Respondent Information Form to: publichealthreform@gov.scot or

Robert Packwood
The Scottish Government
Health Protection Division
Area 3E
St Andrew's House
Regent Road
Edinburgh
EH1 3DG.

Handling your response

4. If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.
5. All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.
6. If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.
7. To find out how we handle your personal data, please see our privacy policy: <https://beta.gov.scot/privacy/>

Next steps in the process

8. Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>.

If you use the consultation hub to respond, you will receive a copy of your response via email.

9. Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

10. If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at publichealthreform@gov.scot.

Scottish Government consultation process

11. Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

12. You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

13. Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

14. While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

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

Phone number

Address

Postcode

Email

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)
 Do not publish response

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.

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

ANNEX B CONSULTATION QUESTIONS

Chapter 2

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

Chapter 3

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

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

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

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

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?

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?

(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?

(c) Do you have any further comments?

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

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

Chapter 4

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

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

Chapter 5

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

Chapter 6

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

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

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?

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?

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

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?

Question 14: (a) What are your views on the size and make-up of the Board?
(b) How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?

Chapter 9

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

Chapter 10

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

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

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?



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