Response ID ANON-RDKT-Y497-J

Submitted to **A consultation on a new National Public Health body: 'Public Health Scotland'**
Submitted on **2019-07-08 16:07:15**

Questions

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

Give your comments below::
The Improvement Service welcomes the establishment of Public Health Scotland and the aspirations of public health reform, which align with our core purpose to 'help councils and their partners to improve the health, quality of life and opportunities of all people in Scotland through community leadership, strong local governance and the delivery of high quality, efficient local services'.

Recognising that Local Government has a leading role to play in delivering Scotland's public health priorities, we have actively supported and contributed to the development of these priorities. We have also participated in shaping the new body and, in particular, its role as being a key national and local contributor to a whole system approach to improvement. We look forward to working closely with Public Health Scotland, as a key collaborator and partner, to support improving local outcomes and reducing inequalities.

We welcome the clear recognition of the role and contribution Local Government makes to improving public health, particularly in relation to addressing the wider determinants of health, through the range of services councils deliver on a daily basis and the outcomes they are working with partners to achieve through Local Outcomes Improvement Plans and Locality Plans (Page 20 para 16).

The National Performance Framework, developed by Scottish Government and COSLA, sets out our collective ambitions for Scotland and provides the overarching structure for ongoing collective action and performance reporting against Scotland's outcomes. The Public Health priorities echo and already feature in the work of community planning partners and partnerships that are already working together to tackle the social determinants of health. We welcome the recognition that Public Health Scotland will be one part of a whole system approach and that community planning provides a natural local place for partners to come together.

We welcome the articulation of the relationship between Public Health Scotland and Local Government ((Page 23 para 35) and the recognition that 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. As stated in the consultation document, 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, including commitments aimed at delivering a healthier local population.

We therefore see the establishment of Public Health Scotland as a key partner working at a national and local level. The effectiveness of the new body in fulfilling its role, respectful of and working effectively with the many contributors who support improving and strengthening local capacity for improving outcomes, will be critical to how we can collectively improve outcomes, achieve a shift to prevention and reduce demand on vital local services. It will be important that PHS defines how it will work within the 'whole system'.

In these times of constrained resources and increasing demand, we would welcome seeing a clearer articulation within the ambition of PHS to support a 'step-change' to enabling the Christie Commission recommendations to achieve a shift towards longer-term preventative spend. This is not just about whether or not there be any extra budget. The same budget could be prioritised differently and there is an opportunity to apply creative use of existing resources to maximise impact. Some "preventative spend" can be relatively last minute in its contribution to prevention, for example screening, compared to the long term preventative spend/ resource allocation/ staff allocation to support the creation of circumstances that enable an individual to take more control over their health and wellbeing as early in life as possible. The Christie commission describes such a shift as "controversial, but we consider it to be essential". Whole system delivery may well ask that everyone involved do likewise and this is an opportunity for the new body to lead the way in supporting making the best use of resources.

An example is the Place and Health Early Adopter work approved by the Whole Systems Steering Group. It is progressing a set of recommendations to provide a direction and strategy enabling national and local spatial planning policy to significantly contribute towards whole system delivery. Ambitions for PHS need to support and enable the required shift in preventative spend to ensure national and local capacity to lead Place and Health whole system delivery. This Early Adopter has already established that greater level of collaborative working between public health and spatial planning practitioners offer a core prevention opportunity for PHS. We would suggest PHS also look to Public Health England's Healthy Places Programme for learning in this area.

In later comments we will be clear about how we welcome the necessary and catalytic role that Public Health Scotland will bring to supporting local insight and action. We recognise the challenge that the new body will have in providing a nationally consistent approach to ensuring that an effective public health voice is part of local planning, given the variety of local arrangements. The new body needs to have the freedom, independence and flexibility to work with national and local partners to reorient more effort to a local deployment.

In addition, whilst the introductory chapter notes that separate work is being take forward regarding the specialist public health workforce, we cannot ignore the role of the local specialist public health workforce as part of this rebalancing. We would also like to reinforce that in our view, the focus should not simply be on the local specialist public health workforce but on wider relationships and networks, given that leveraging the wider determinants lies in the hands of equally significant roles and services – e.g. planning, education, housing, roads, economic development etc.

The Fairer Scotland Duty should be taken into consideration when developing the strategic plans and actions for PHS, particularly given that better economic circumstances, i.e.having more money in your pocket, can have the biggest impact on reducing health inequalities, as evidenced in the NHS Health Scotland/ScotPHO Informing Interventions to reduce health Inequalities (Triple I) Tool. Tackling socio-economic inequality should be at the heart of PHS, accepting its role in contributing to health inequality. In this regard, we particularly welcome the inclusion of Priority 5 for PHS to support 'A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.' A vibrant and inclusive economy, which promotes fair work opportunities for all, including

Scotland's most disadvantaged citizens, will reap significant benefits in terms of public health. PHS properly and creatively resourcing implementation of this Priority has the potential to make a major contribution and act as an exemplar to other public bodies.

PHS needs to build on the existing work and resource that is the Place Standard and embrace its part in the Place Principle. The Place Standard has been developed by NHS Health Scotland and Scottish Government in recognition of the important effect of place on our lives and wellbeing. In Scotland, this has been recognised in the growing importance of place and place making or placed based interventions in national policy as well as at local level.

The emphasis on Place stems from the Christie Commission and its continuing importance is highlighted by the recent adoption of the Place Principle by the Scottish Government and COSLA. The Principle recognises that Place is where people, location and resources combine and is at the heart of realising the full potential of communities. It's acknowledgement that place is shaped by the way resources, services and assets are directed and used leads to its ask for more joined up, collaborative and participative approach across all sectors within a place.

The Principle requests that all those responsible for providing services and looking after assets in a place work plan together and with local communities to improve the lives of people. It promotes making more collaborative working and sharing of purpose around Place the norm. Importantly for PHS, it promotes a more joined-up, collaborative, and participative approach to services, land and building, across all sectors in order to enable better outcomes for everyone and increased opportunities for people and communities to shape their own lives. It will help overcome organisational and sectoral boundaries, to request better collaboration and community involvement as normal working practice, and improve the impact of combined energy, resources and investment in Scotland's regions, cities, towns, neighbourhoods, villages and islands.

We are supportive of the overall arrangements for public health. PHS will have an essential coordinating role and to be successful in times of constrained resources must avoid duplication, offering practical and enabling support at a local level.

PHS should have the freedom, independence and flexibility to work with stakeholders to prioritise and align resources to advance the implementation of national priorities through national, regional and local effort. It needs to achieve a coherent national and local approach that values asymmetry, as one size doesn't fit all.

There should also be consideration for the significant resource nationally and locally aimed at improving health that needs to be better aligned with the Christie principles and the priorities agreed through community planning.

The important differences between the current and future arrangements should be:

Explicit partnership working with Local Government
• The legislation should place partnership working at the heart of the new body and that PHS's primary focus is on enabling the whole system to deliver better public health outcomes.
• Public health reform has been an exemplar in joint working between Scottish Government and COSLA. Securing effective ongoing joint governance and accountability will be critical, given PHS is being established as a NHS Special Board. Careful thought will need to be given as to how this will work in practice. The MOU and how Local Government are engaged in agreeing the Local Delivery Plan process will be crucial to this.

New ways of working that underpin the partnership
• The performance framework should use existing frameworks and appreciate local needs, for example, PHS must seek to help deliver the LOIPs rather than try to impose additional outcomes. The public health priorities aren't new and already feature in LOIPs with CP partners working together to tackle the social determinants of health.
• Paragraph 20 notes that '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 PHS'. It's unclear if this will be statutory or non-statutory guidance.
• We support the intention to add PHS to the list of statutory community planning partners in the Act (page 26) and it will be critical that the role of the national body complements current local arrangements.
• We welcome the reference to staff being located and deployed in a way that helps re-orient the public health system to be more local facing. The suggested methods for doing so should include part time co-location within the existing staff accommodation of relevant partner organisations. Such arrangements have been key elements in understanding mutual concerns and support between health and planning practitioners. PHS itself will be a significant employer and there is an opportunity to utilise its role as a significant employer, asset manager and procurer in creative ways that help achieve sustainable health improvement and other outcomes across Scotland's communities. The public health elements of local health boards and Health and Social Care Partnerships will need to be given the remit and capacity to do such a co-location

A step change in collective working cultures and behaviours
• There needs to be a strong commitment to create a PHS that moves beyond its legacy on day one to position itself as a body that has a 'whole system' identity and that is a trusted collaborator and partner in the system. The primary focus of PHS must be on enabling the whole system to work better and deliver public health outcomes
• PHS needs to support internal and external multidisciplinary teams to work across organisational boundaries

Working upstream
• More detail is required on how PHS will enable co-production and work 'upstream' of the wider health system given that this way of working is actively being pursued in many community planning partnerships.

Better practical support for local decision-making and action
• As well as supporting the delivery of national improvement programmes, it will be important that PHS provides tailored and responsive support to local and regional partnerships (e.g. CPPs) as local contexts, circumstances and priorities will vary.
• Consideration will need to be given as to how the new body will dedicate sufficient resources at a local level to support all of the areas identified in the consultation paper.
• PHS should play a lead role in providing not just resources and systematic guidance for social care, spatial planning, housing, education etc. to support choosing and prioritising interventions to improve health and wellbeing outcomes and reduce inequality, but practical support to assist Local Government and

partners to fulfil their public health role.
• In order to inform local enhanced decision making PHS could seek to embed or inform integrated impact assessments, further building public health impact assessment into local policy development, service redesign and direct service delivery.

Place is fundamental
• Out of the eleven key design principles for Public Health Scotland there is no mention of the overarching context of Place, the Place Principle or place based approaches. It is important that Place is included in these principles for the new body to embrace its national and local role in health and wellbeing.

Data First approach
• A focus on data and intelligence that can release the value of existing Local Government data whilst adding to it is essential and welcome. It will be essential that PHS shifts the focus and balance of data and intelligence resources beyond healthcare data to the wider determinants of health.
• PHS should support Local Government and community planning partners to generate evidence about what is working by evaluating interventions, sharing lessons learned and engaging a wide range of organisations such as the IS, local university departments and the third sector.

2a What are your views on the general governance and accountability arrangements?

Give your comments below::
Joint governance and accountability will be critical and is welcome, given PHS is being established as a NHS Special Board. Careful thought will need to be given as to how this will work in practice and the MOU will be crucial to this.

In the context of fulfilling an effective role in supporting the whole system, it is vital that the local governance structures, which enable local accountability and enable local community involvement in the work of CPPs and integration authorities, are enhanced by PHS. PHS's presence and contribution must be meaningful at the CPP level and local partnership arrangements should encourage this.

It would be useful to learn from the experience of the establishment of the Integration Joint Boards, bringing together health and Local Government. While PHS won't have the same legal joining up of the two sectors, much can be learned from the difficulties experienced in setting the Boards up and setting out clear governance between the two bodies. Learning is vital from not only the IJBs but also from the development of Community Health Partnerships given that they were also based around the notion of joint accountability but without the backing of legislation. As a NHS Special Board, PHS must be able to embed itself within the community planning landscape and not take arbitrary decisions that impact on a range of services that are considered within the public health 'system'.

We recognise that a variety of approaches will be appropriate across the 32 partnerships to ensuring an effective voice for public health as part of community planning, local outcomes improvement and service design and delivery. Directors of Public Health and Chief Environmental Officers will have important roles to play in building awareness, understanding and effective relationships locally from day one.

2b How can the vision for shared leadership and accountability between national and local government best be realised?

Give your comments below::
It will be critical that Local Government (COSLA) is a joint partner in the strategic planning and performance review process for PHS, as outlined in the consultation document, although it is unclear how this will work in practice given PHS will ultimately be accountable to Ministers.

The MOU should outline how joint accountability will be demonstrated through, for example, the approach to performance reporting or the carrying out of impact assessments.

There is an opportunity to build on the leadership already shown by local authorities in delivering services that impact on the public health priorities – e.g. planning, economic development, transport, education, housing etc. The jointly agreed Place Principle between Scottish Government and Local Government may be a further vehicle to support shared leadership around the public health priorities.

Joint Strategic Business Planning will help to share leadership and accountability, with actions assigned to various agencies and officers. There are a number of caveats within the consultation regarding how far joint accountability / decision-making will be appropriate. For example, it is not clear how the NHS Local Delivery plan process will apply to PHS if required of PHS as an NHS Special Board - will this be a joint process that involves COSLA Leaders as much as the Minister?

The approach must be as practical as possible, with those responsible for delivery held to account via performance reporting. Planning should be focussed on improvement and not just capture what is happening across the various organisations anyway. It will be important that plans do not duplicate activity that is already being undertaken by Local Government and other Health Boards/IJBs/HSCPs and they will need to be carefully sighted within Local Outcomes Improvement Plans, Locality Planning and corporate/strategic planning.

We expect that this will manifest itself in the new body being responsive to local priorities and using its flexibility to reorient more effort to local support for the wider determinants of health (and beyond healthcare) to deliver the public health priorities. A particular focus on data and intelligence that can release the value of existing Local Government data whilst adding to it is essential and welcome. PHS can support enhanced decision-making by local government and community planning partners to generate evidence about what is working by evaluating interventions, sharing lessons learned and engaging a wide range of organisations such as the IS, local university departments and the third sector.

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

Give your comments below::
We strongly welcome that PHS will use existing planning arrangements to monitor the overall progress in improving public health outcomes, rather than require CPPs to produce a local public health improvement plan. However, paragraph 18 (page 20), mentions 'local partnership delivery plans' and paragraph 67 refers to PHS providing advice on partnership plans and reports as required in relation to public health matters. There needs to be clarity around what exactly this means. PHS should rely on existing Local Outcomes Improvement Plans, Locality Plans, LOIP Annual reports and the range of other planning arrangement to be

able to extract and aggregate all aspects relating to public health improvement.

3b How can Public Health Scotland supplement or enhance these arrangements?

Give your comments below::
If PHS become a statutory CP partner, then they will play a direct role in local strategic planning through their contribution to the LOIP and locality plans.

To impact on the whole system, local public health professionals should be working alongside local colleagues (under the auspices of community planning) to ensure that public health is embedded in policy development, rather than sit as a separate planning arrangement.

It will be equally important to consider local public health professionals working alongside spatial planning colleagues, which is being progressed through the Place and Health Early Adopter. This aligns with the work of planning being seen as the spatial iteration of community planning and the additional closer links recently introduced into Planning legislation.

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?

Give your comments below::
PHS needs to be respectful of existing good work and relationships and look to add value to what is already there. PHS should consider what additional support and resource it could provide to existing arrangements.

PHS needs to work within, and seek to improve, existing engagement and participation mechanisms within CPPs. In regard to reducing duplication, any work by PHS to increase participation of communities in decisions that impact on community health and wellbeing, needs to be co-ordinated with CPP engagement, and that of the individual partners. This could be through the locality planning processes.

PHS needs to build on the existing work and resource that is the Place Standard. It has been developed by NHS Health Scotland and Scottish Government in recognition of the important effect of place on our lives and wellbeing. In Scotland, this has been recognised in the growing importance of place and place making or placed based interventions in national policy as well as at local level. The emphasis on Place stems from the Christie Commission and the recent adoption of the Place Principle by the Scottish Government and COSLA. The Principle will help overcome organisational and sectoral boundaries, to encourage better collaboration and community involvement, and improve the impact of combined energy, resources and investment in Scotland's regions, cities, towns, neighbourhoods, villages and islands.

The Place Standard has a key role in supporting communities and public sector organisations to understand their place and how to improve it. Creating successful place means empowering individuals to take ownership of their own health and wellbeing.

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

Yes

5b 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?

Yes

5c Do you have any further comments?

Give your comments below::
We support the intention to add PHS to the list of statutory community planning partners. Public health should have a strong and effective voice as part of community planning. The proposal for PHS being a statutory community planning partner will support the aspiration of partnership being at the heart of the new body. This will ensure consideration for the arrangement of operations and functions in a way that fits with local CPP structures. It will be important that PHS respects the local variation whilst local partnerships must in turn respect and accept the expertise which PHS will be able to offer.

However, there are issues that will need to be considered and addressed if PHS is to become a 'contributing' and effective community planning partner. For example, although not all Directors of Public Health currently sit on a CPP Board, there could be a situation where a Director of Public Health represents the NHS on a CPP Board – in that case, who is the public health voice at the table? Consideration will need to be given to how PHS would resource participation effectively across all 32 CPPs, as there are a number of national organisations which already struggle to field someone for all 32 CPPs. It will be important that lessons are learned from other national bodies (e.g. Police Scotland, SFRS, SDS, Scottish Enterprise) as to how they resource each CPP, and arrangements they have in place to coordinate the contribution they make to CPPs across Scotland. For example, PHS could have a network/forum where it brings together its 32 CPP reps to share intelligence about what is happening in each area, how PHS is contributing as a CP partner and playing a leadership role etc.
We have experience of working with a number of CP partners over the last few years to focus on how they work with CPPs and seek to define what their role and contribution would be to assist CPPs in achieving their local outcomes. This would also include PHS setting out how it would adhere to the 9 principles set out in the Community Empowerment Act guidance.

We would ask that if PHS becomes a statutory community planning partner, it also becomes a member of the national Community Planning Improvement Board, which provides improvement support for community planning across Scotland. Members of the Community Planning Improvement Board come from all the main stakeholders in community planning, including the statutory partners, and have a collective work programme.

6a What are your views on the information governance arrangements?

Give your comments below::
The availability and sharing of data will underpin effective analysis to inform decision making at both a local and national level. We support the ambition in paragraph 72 (Page 31), however PHS would benefit by setting out how it intends to work towards this very early on.

Achieving the ambition will require a greater focus on how PHS will work in practice, particularly when looking at accessing timely information. Reference is made to accessing a wide range of data and information from across the whole system, however, it is unclear how this will happen in practice and what the information governance arrangements will be. Our concern is that in the early days, the focus will very much be on the transferred data and intelligence service (ISD) delivering what it currently delivers, with a significant focus on health. If resources are to be freed up to focus on wider system data analysis, there may need to be a refocus of the data currently gathered and analysed by ISD.

6b How might the data and intelligence function be strengthened?

Give your comments below::
Data is the foundation for generating insights and disrupting current approaches to public health. We are not collecting or using our data effectively or innovating to generate new value from it. We are a long way from making best use of whole system data. Local resources are dispersed and fragmented.

Developing strong data and data science leadership within Public Health Scotland will ensure that Scotland is well placed to enhance and deliver the types of analytical insights Local Government and local partners require, maximising our exploration and understanding of Scotland's health and care data, uncovering relationships, and developing a truly predictive analytical capability. Through innovative approaches we will be able to deliver more actionable insights from the data we hold now, and the data we will have access to in the future, unlocking the untapped benefits from Scotland's data to benefit public health outcomes. A key part of the local support has to be around making best use of whole system data and releasing the potential of the PHS resource to catalyse and provide local practical support for decision-making and action beyond health data.

In addition, there will be resources within PHS to better support CPPs around data and intelligence. We need to look at how some of the data and intelligence resources in PHS can be redirected from 'health' to the wider system. A key issue is also local analytical capacity therefore it might be helpful if some PHS analysts could be deployed in local areas (e.g. CPPs). The balance will need to be struck between providing national and more locally tailored analysis.

There needs to be balance within the field of evidence and data analysis where resources are being directed by actual local / national need against requests from academia purely because the funding is available for particular projects. Successful organisations locate growing the data analytical capacity in 'problem solving'. Public Health reform requires a whole system approach to the priorities that have been identified (and signed up to by a large number of public bodies) that require improvements to the way we bring data together nationally and locally from a wider range of sources. This will be supported by having both a centre of excellence whilst having agile multidisciplinary teams across the work of PHS (and the whole system). i.e. Decision Science not Data Science.

Data gathered also needs to be useful in the measurement of impact, feeding logic models and driver diagrams to both predict impact to inform target setting as well as measuring actual impact from interventions. Taking a whole system approach could make this challenging so careful thought will need to be given as to how to measure and attribute outcomes.

PHS could provide leadership in a number of key areas including:
• Ensuring public health data from across the whole system is timely, appropriately available, accessible and fit for purpose
• Enabling through proportionate, compliant and fit for purpose information, statistical and research governance arrangements
• Offering a range of digital channels as a method of delivery for access to raw and summary data (e.g. open data, visualisation, data for researchers)
• Leading in the continuous development and use of technology and tools to ensure they remain fit for purpose and support whole system use, including application of data science techniques

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

Give your comments below::
The National Performance Framework, developed by Scottish Government and COSLA captures our collective ambitions for Scotland and provide the overarching structure for ongoing collective action and performance reporting.

We strongly welcome that PHS will use existing planning arrangements to monitor the overall progress in improving public health outcomes, rather than require CPPs to produce a local public health improvement plan. PHS needs to dedicate resources to look across the local reporting arrangements to assess the overall progress being made around improving public health outcomes. There is an opportunity to support Scottish Government as it sets up a new National Planning Improvement Co-ordinator to align spatial planning and public health monitoring arrangements.

It is important to use existing data sets where possible, rather than requiring any partner agencies to gather new data. Local information will be important, but in times of restraint there will not necessarily be the capacity within organisations to provide any additional data. It would be helpful if PHS were to map all the existing PIs which could be useful in measuring public health. Many of these will be captured in e.g. strategic needs analyses for LOIPs. Other useful sources of information are the Local Government Benchmarking Framework and the Community Planning Outcome Profiles. Consideration will need to be given as to how to properly measure outcomes rather than inputs/outputs, which a lot of health data tends to focus on. A consistent methodology or approach could be shared across all public bodies and CPPs.

7b What additional outcomes and performance indicators might be needed?

Give your comments below::
The assumption in this question is that existing planning arrangements are not already covering what is important to them (from a public health standpoint). There would need to be a compelling case presented to ask CPPs to include indicators within LOIPs (for example) because they are required nationally and not because they are needed locally. We need to understand what indicators are currently being measured, before adding any new ones to avoid duplication. We have undertaken some initial work mapping LOIPs to the National Outcomes which may inform/contribute to any further mapping work undertaken -

https://nationalperformance.gov.scot/draft-mapping-local-outcome-improvement-plans

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

Give your comments below::
We are supportive of the functions outlined and believe that the spread of functions looks sensible, provided that the focus of the work is across the whole public health agenda and not overly focused on health issues.

We would stress the importance of PHS recognising that local authorities and CPPs understand their role in the delivery of the public health priorities, therefore critical to the success of PHS will be an effective partnership with Local Government and other partners, so as not to duplicate effort or provide advice where it isn’t needed.

The use of Health Impact Assessments to identify opportunities that Place and the built environment can create for health and wellbeing is an area that PHS should provide support. The capacity of Local Authorities to support such assessments is a concern and a whole system approach lends itself to PHS examining the opportunity to establish a Health Impact Assessment support remit.

We believe that the culture, behaviours and ways of working will be critical to defining the success of PHS.

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

Give your comments below::

9b What more could be done to strengthen the health protection functions?

Give your comments below::
Consideration could be given to strengthening the support delivered by PHS to the health protection function across the whole system, including Environmental Health. It will be important to work with the Environmental health profession on ensuring the future sustainability of the environmental health workforce.

Consideration should be given as to how the role of Environmental health within Local Government can be strengthened to build relationships and networks at a local level and with PHS, and to develop greater awareness of and more integrated working relationships with other functions within Local Government.

10 Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland?

Yes

If so, what should they be? :
To align with the outputs from the Commissions, it is clear that the senior executive roles are appropriate. By setting the remit of the roles, PHS will have the opportunity to define what is different about the new body and what it will bring to the wider system. For example, the roles need to incorporate skills and experience in partnership working, community development, place, participation and engagement, an appreciation of the challenges associated with joint resourcing, effective leadership, innovation and data and business intelligence. Essentially whoever fulfils these roles needs to reach out across the public sector to enable to whole system approach and clearly define what PHS role will be. These skills are arguably much more important than a Public Health background.

It will be critical from day one that there are new senior executive roles in place, to set the tone that the new organisation is very much focused on what it will bring to the wider system, and has the strategic leadership in place to enable it to do so.

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?

Give your comments below::
To align with the outputs from the Commissions, it is clear that the senior executive roles are appropriate. By setting the remit of the roles, PHS will have the opportunity to define what is different about the new body and what it will bring to the wider system. For example, the roles need to incorporate skills and experience in partnership working, community development, participation and engagement, an appreciation of the challenges associated with joint resourcing, effective leadership, innovation and data and business intelligence. Essentially whoever fulfils these roles needs to reach out across the public sector to enable to whole system approach and clearly define what PHS role will be. These skills are arguably much more important than a Public Health background.

It will be critical from day one that there are new senior executive roles in place, to set the tone that the new organisation is very much focused on what it will bring to the wider system, and has the strategic leadership in place to enable it to do so.

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

Give your comments below::
This seems like a pragmatic approach initially, and we are very supportive of paragraph 9 which states that staff could be hosted with local delivery partners. It will be important at an early stage to look to co-locate some staff with other partner organisations to deliver on the intention that the new body serves and collaborates with the whole system. This should include more remote and rural parts of the country wherever feasible.

13 Are the professional areas noted in Chapter 8 appropriate to allow the Board of Public Health Scotland to fulfil its functions?

Yes

Give your comments below: :
We believe that the ability to earn is the most effective way of tackling health inequalities, and therefore consider that it might be helpful to have someone on the board who has a background in economic development and employability, particularly with a focus on inclusive growth/wellbeing economies.

Given the important role PHS could play in better supporting communities to participate in decisions that affect their health and wellbeing, it might be helpful to have someone on the Board from a community development background.

Third sector representation may also be useful, given the role of PHS in supporting and collaborating with the whole system.

It will also be important that the Board includes expertise to contribute on the physical environment and planning to reflect all the evidence links on prevention.

We think the mention of academia is important, and have observed that the professional areas seem heavily weighted with representatives from the prison sector, community justice and police.

14a What are your views on the size and make-up of the Board?

Give your comments below::
Much is made of branding of PHS in the consultation paper and the make-up of the Board will undoubtedly set the tone for this and needs to reflect the commitments to shared leadership and accountability.

14b How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?

Give your comments below::
It will be important that Board members act in the best interests of PHS, and not the organisations or bodies they are 'representing', and that any tensions and conflicts of interest are dealt with effectively.

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

Give your comments below::
Data is the foundation for generating insights and disrupting current approaches to public health. We are not collecting or using our data effectively or innovating to generate new value from it. We are a long way from making best use of whole system data. Local resources are dispersed and fragmented.

Developing strong data and data science leadership within Public Health Scotland will ensure that Scotland is well placed to enhance and deliver the types of analytical insights local government and local partners require, maximising our exploration and understand of Scotland's health and care data, uncovering relationships, and developing a truly predictive analytical capability. Through innovative approaches we will be able to deliver more actionable insights from the data we hold now and the data we will have access to in the future, unlocking the untapped benefits from Scotland's data to benefit public health outcomes. A key part of the local support has to be around making best use of whole system data and releasing the potential of the PHS resource to catalyse and provide local practical support for decision-making and action beyond health data.

Data science and innovation needs to be informed by local / national need. Successful organisations locate growing the data analytical capacity in 'problem solving'. Public Health reform require a whole system approach to the priorities that have been identified (and signed up to by a large number of public bodies) that require improvements to the way we bring data together nationally and locally from a wider range of sources. This will be supported by having both a centre of excellence whilst having agile multidisciplinary teams across the work of PHS (and the whole system). i.e. Decision Science not Data Science.

The PHS could provide leadership in a number of key areas including:
• Ensuring public health data from across the whole system is timely, appropriately available, accessible and fit for purpose
• Enabling through proportionate, compliant and fit for purpose information, statistical and research governance arrangements
• Offering a range of digital channels as a method of delivery for access to raw and summary data (e.g. open data, visualisation, data for researchers)
• Leading in the continuous development and use of technology and tools to ensure they remain fit for purpose and support whole system use, including application of data science techniques

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

Give your comments below::

17a 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?

Give your comments below::
It is difficult at this stage to see quite what any impact on equalities could be as the outline is still quite broad and high level. However, consideration should be given to the make up of the board, senior management team and staffing complement, which should aim to reflect the population of Scotland, ensuring that all protected characteristics are represented. As more detail is developed integrated impact assessment should be carried out. Socio-economic disadvantage and impact on inequality should also be considered, in regard to any strategic decisions being made during the set up of Public Health Scotland and in the development of any strategic/corporate documents. Integrated Impact Assessment can be used to look across a range of statutory obligations (equality, Fairer Scotland Duty) as well as the economy, sustainable development, health inequality and possibly GDPR.

17b If applicable, what mitigating action should be taken?

Give your comments below::

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?

Give your comments below: