

ADDITIONAL CIRCULATION



Community Planning Aberdeen Board

The undernoted item is circulated in connection with the meeting of the **COMMUNITY PLANNING ABERDEEN BOARD** to be held here in the Town House on **MONDAY, 1 JULY 2019 at 2.00 pm.**

B U S I N E S S

4.3 Public Health Consultation (Pages 3 - 12)

Should you require any further information about this agenda, please contact Allison Swanson, tel. 01224 522822 or email aswanson@aberdeencity.gov.uk

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Community Planning Aberdeen

Progress Report	Public Health Scotland – Consultation
Lead Officer	Susan Webb, Director of Public Health
Report Author	Chris Littlejohn, Deputy Director of Public Health
Date of Report	24 June 2019
Governance Group	CPA Board 01 July 2019

Purpose of the Report
To provide the Board with advice in relation to the national consultation on the creation of Public Health Scotland

Summary of Key Information
<p>1 BACKGROUND</p> <p>1.1 The national review of public health reported in February 2016. Its recommendations were incorporated into the Scottish Government’s Health and Social Care Delivery Plan in December 2016. A national public health reform programme was established by Scottish Government and COSLA in 2017 to develop agreed national public health priorities; to strengthen local public health partnerships; and to create a new national public health body.</p> <p>1.2 The reform programme has developed a proposed target operating model for the new national body, which is to be called Public Health Scotland (PHS). The Scottish Government and COSLA are consulting on these proposals. The consultation runs until 08 July 2019.</p> <p>1.3 The consultation consists of a proposal document, set out in thirteen substantive chapters, with eighteen specific questions.</p> <p>2 KEY FINDINGS/ PROPOSALS</p> <p>2.1 Chapter one provides the background context for the creation of PHS.</p> <p>2.2 Chapter two sets out the new model for public health in Scotland. It recognises the multi-dimensional nature of public health challenges and the system required to address these. It articulates a set of key design features including national identity and autonomy, cross-sector working, co-design</p>

and co-location, and the importance of local as well as national arrangements. Acknowledgement is given to the autonomy and authority of local partnership arrangements, and to the importance of principles such as human rights, community-based prevention, community autonomy and participation, and collaborative working.

The consultation asks for general comments on this overview (**Q1**). It is proposed that CPA welcome the creation of PHS, and highlight that genuine collaboration will be the key to its success.

2.3 Chapter three sets out governance and accountability arrangements for the new model of public health. PHS will be jointly accountable to Scottish Government and COSLA.

The consultation asks for views on these arrangements, and how shared leadership and accountability between national and local government might best be realised (**Q2**). It is proposed that CPA welcome the joint accountability of PHS to Scottish Government and COSLA, while highlighting the importance of its ability to speak independently of government on matters of public health.

The consultation asks for views on local strategic planning and service delivery and how PHS can supplement or enhance these (**Q3**). It is proposed that CPA note the acknowledgement that community planning partnerships are autonomous planning structures, are not mandated to pursue nationally set priorities (page 25, ¶43), but have a vital role to play in delivering for public health. While the chapter sets out the ambition for PHS to work in support of Integration Bodies, Local Authorities, Health Boards and Third Sector Interfaces and organisations, along with other local partnerships (such as regional economic partnerships, alcohol and drug partnerships, community safety partnerships, etc), CPA has worked to ensure that the LOIP is the key shared public health partnership plan for Aberdeen City. CPA should be the key partnership that PHS supports in Aberdeen City. In addition, CPA should note that the NHS Grampian Public Health Directorate is already working as a full community planning partner in support of the LOIP, and that locally deployed PHS staff should work under the auspices of the local Director of Public Health.

Further, although existing partnership reporting duties and accountability mechanisms “will still apply” (page 30, ¶67), PHS should be cautious that its proposed assurance and improvement function – making recommendations on ‘advisable improvements’ to local partnership delivery plans to Scottish Ministers, COSLA and local elected members – does not undermine the ambition for shared accountability and a perception as a supportive, rather than punitive, body (page 20, ¶18).

The consultation asks for views on the PHS role in supporting communities to participate in decisions which affect their health and wellbeing (**Q4**). It is proposed that CPA state that facilitating local community participation should remain a function for local partners to undertake rather than a national body;

however, the provision of once-for-Scotland analogue or digital tools to support such activity could be supportive.

The consultation asks whether PHS should become a community planning partner under Part 2 of the Community Empowerment (Scotland) Act 2015 (**Q5a**). It is proposed that CPA argue against this as the locally deployed PHS resources should be deployed against community planning under the direction of the Director of Public Health as per the response to Q3. In addition, the proposed assurance and improvement function of PHS may give rise to a conflict of interest as a statutory partner.

The consultation asks whether PHS should be listed as a public service authority under Part 3 of the Community Empowerment (Scotland) Act 2015 (**Q5b**). It is proposed that CPA respond in the positive – even though Schedule 2 of the Act only applies to Health Boards “constituted under section 2(1)(a) of the National Health Service (Scotland) Act 1978”, which excludes Special Health Boards – given the weight placed on the role of communities in the first chapter.

The consultation asks for views on information governance arrangements and how the data and intelligence function might be strengthened (**Q6**). It is proposed that CPA acknowledge its expectation that information governance standards will be applicable in full to PHS, but that assistance in overcoming the known barriers to information sharing would be valued. The provision of additional capacity to help CPA meet its growing intelligence requirements would be valued.

- 2.4 Chapter four sets out performance arrangements, with PHS to encourage and facilitate community planning performance towards the national performance framework outcomes and the new national public health priorities.

The consultation asks for suggestions regarding performance monitoring of the new public health model, and whether any new outcomes and indicators might be required (**Q7**). It is proposed that CPA highlight the importance of local outcomes and indicators in the LOIP and the value that would be placed on PHS support to measure, monitor and improve these, under the auspices of the Director of Public Health.

- 2.5 Chapter five sets out the functions of PHS as health improvement, health protection, healthcare and health intelligence. The reform programme commissions that have informed these functions were *Improving health; Protecting health; Improving services; Data and intelligence; Leadership for public health research, innovation and applied evidence; Leadership for public health workforce development*.

The consultation asks for views on the functions to be delivered by PHS (**Q8**). The paper suggests that PHS will be undertaking the breadth of public health across all levels. There needs to be a clearer delineation otherwise PHS will duplicate rather than complement local effort. It is proposed that CPA highlight the need to bring together the work of the national bodies in the short/medium

term. In particular, to coordinate public health research (including the dissemination and implementation of applied research findings, and support for approaches such as improvement science) and the development of the public health workforce (the UK-wide public health skills and knowledge framework sets out competencies for public health practitioners and specialists across settings and organisations, and PHS should play an important part in supporting the development of the public health workforce e.g. housing officers, teachers).

- 2.6 Chapter six sets out the health protection function and specifically asks for views on the function to be delivered by PHS, and how health protection can be strengthened (**Q9**).

It is proposed that CPA highlight the robust joint health protection arrangements in the North of Scotland with close working between NHS and Environmental Health services. The Scottish Health Protection Network is a valued resource and should continue. PHS should work with local/regional teams to provide a more robust national tier of support for out-of-hours incidents.

- 2.7 Chapter seven sets out the proposed structure of PHS, with a Board to hold the Chief Executive and Executive Team to account.

The consultation asks whether new senior executive leadership roles would be appropriate (**Q10**). It is proposed that CPA provide the view that PHS Board should reflect the domains of public health.

The consultation asks for suggestions on the organisational structure of PHS (**Q11**). It is proposed that CPA highlight the importance of communities of practice, such as intelligence, research and evaluation, delivering on a once-for-Scotland basis where appropriate.

The consultation asks for views on the geographical location of PHS (**Q12**). It is proposed that CPA recommend a hub-and-spoke model, highlighting the vital importance of a real-life location serving remote and rural settings, and recommending Aberdeen City as the location for the north/north east of Scotland spoke.

- 2.8 Chapter eight sets out details of the proposed PHS Board and asks for views on the proposed composition (**Q13**) and the size and make-up of the Board in relation to the commitment to shared leadership and accountability to Scottish Ministers and COSLA (**Q14**).

It is proposed that CPA welcome the multi-professional nature of the proposed Board and request that Board members are sought from across Scotland.

- 2.9 Chapter nine addresses data science and innovation and asks for views on proposed arrangements for this (**Q15**).

It is proposed that CPA recommend that PHS support through community planning arrangements in Aberdeen, with locally deployed resources being provided under the direction of the Director of Public Health.

- 2.10 Chapter ten addresses transitional arrangements, and asks for views regarding these (**Q16**).

It is proposed that CPA acknowledge the scale of the transition involved, highlights the importance of regular engagement and communication, and notes the importance of achieving the stated deadline.

- 2.11 Chapter eleven sets out the funding arrangements for PHS, with an expected recurrent budget of £40m and additional non-core recurrent budget of £20m, with 1,100 members of staff.

- 2.12 Chapter twelve asks for views on the potential equalities impacts of the proposals to create PHS and for any potential mitigating actions (**Q17**).

It is proposed that CPA recommend that the North of Scotland Public Health Network *remote and rural checklist* be used to inform the development of PHS.

- 2.13 Chapter thirteen asks for views on potential impacts on businesses and the third sector (**Q18**).

It is proposed that CPA acknowledge the vital importance that the private and third sector has to play in public health, and that PHS could play an important part in supporting local partnerships through engagement with national sector representative bodies.

3 NEXT STEPS

- 3.1 A draft consultation response based on the content above is attached for submission by CPA as an appendix

Recommendations for Action

It is recommended that CPA Board:

- i) approve the draft consultation response in the appendix and arrange for its electronic submission to the consultation process

Opportunities and Risks

The consultation offers CPA Board the opportunity to influence the creation of PHS and the development of national thinking with regard to the functioning of public health partnerships, and mitigates the risk that public health reform will lead to

developments for community planning that would be disadvantageous to Aberdeen City.

Consultation

The following people were consulted in the preparation of this report:

List the key people that were consulted in the preparation of the report. This should be the name of the group where applicable or individual name and job title.

Angela Scott, Chief Executive, Aberdeen City Council
Susan Webb, Director of Public Health, NHS Grampian

Background Papers

The following papers were used in the preparation of this report.

<https://www.gov.scot/publications/consultation-new-national-public-health-body-public-health-scotland/>

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APPENDIX 1: DRAFT CONSULTATION RESPONSE FROM CPA

The Board of Community Planning Aberdeen (CPA) is grateful for the opportunity to respond to the consultation on the proposed new public health body.

Q1 Do you have any general comments on this overview of the new arrangements for public health?

CPA welcomes the creation of Public Health Scotland (PHS) as a necessary response to the multi-dimensional public health challenges that are faced. CPA appreciate that the autonomy and authority of local partnership arrangements is recognised, and believes that genuine collaboration will be the key to the success of the new model.

Q2 (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?

CPA welcomes the joint accountability of PHS to Scottish Government and COSLA. However, it is important that PHS be able to speak independently of government on matters of public health.

Q3 (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?

CPA notes the acknowledgement that community planning partnerships are autonomous planning structures, are not mandated to pursue nationally set priorities, but have a vital role to play in delivering for public health. CPA partners have worked to ensure that the LOIP is the key shared public health partnership plan for Aberdeen City. CPA should be the key partnership that PHS supports in Aberdeen City. In addition, CPA notes that the NHS Grampian Public Health Directorate is already working through community planning in support of the LOIP. CPA believes that locally deployed PHS staff should work under the auspices of the local Director of Public Health. Further, although existing partnership reporting duties and accountability mechanisms "will still apply", CPA suggests that PHS be cautious that its proposed assurance and improvement function does not undermine the ambition for shared accountability and a perception as a supportive, rather than punitive, body.

Q4 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?

CPA views the facilitation of local community participation as a function for local partners to undertake rather than a national body; however, the provision of once-for-Scotland analogue or digital tools to support such activity could be supportive.

Q5a (a) Do you agree that Public Health Scotland should become a community planning partner under Part 2 of the Community Empowerment (Scotland) Act 2015?

CPA do not believe that PHS should be a formal community planning partner; rather, locally deployed PHS resources should be deployed against community planning under the direction of the Director of Public Health as per the response to Q3.

Q5b 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?

CPA do believe that PHS should be listed as a public service authority under Part 3 of the Community Empowerment (Scotland) Act 2015, as although Schedule 2 of the Act does not apply to Special Health Boards, PHS should be included given the weight placed on the role of communities in the first chapter.

Q6 (a) What are your views on the information governance arrangements? (b) How might the data and intelligence function be strengthened?

CPA expects that existing information governance standards will be fully applicable to PHS, but that assistance in overcoming the known barriers to information sharing would be valued. The provision of additional capacity to help CPA meet its growing intelligence requirements would be valued.

Q7 (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?

CPA wishes to highlight the importance of local outcomes and indicators in the LOIP. CPA would value PHS support to measure, monitor and improve these, under the auspices of the Director of Public Health.

Q8 What are your views on the functions to be delivered by Public Health Scotland?

CPA highlights the need for PHS functions to coordinate public health research (including the dissemination and implementation of applied research findings, and support for approaches such as improvement science) and the development of the public health workforce (the UK-wide public health skills and knowledge framework sets out competencies for public health practitioners and specialists across settings and organisations, and PHS should play an important part in supporting the development of the public health workforce e.g. housing officers, teachers).

Q9 (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?

CPA wishes to highlight the robust joint health protection arrangements in the North of Scotland, with close working between NHS and Environmental Health services. The Scottish Health Protection Network is a valued resource and should continue. PHS should seek to provide a more robust national tier of support for out-of-hours incidents.

Q10 (a) Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland and, (b) If so, what should they be?

CPA is of the view that the PHS Board should include a formally appointed Director of Public Health.

Q11 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?

CPA is of the view that PHS must support a range of communities of practice, such as intelligence, research and evaluation, delivering on a once-for-Scotland basis where appropriate.

Q12 What are your views on the proposed location for the staff and for the headquarters of Public Health Scotland?

CPA would recommend a hub-and-spoke model, highlighting the vital importance of a real-life location serving remote and rural settings. CPA recommends Aberdeen City as the location for the north of Scotland spoke.

Q13 Are the professional areas noted in the list above appropriate to allow the Board of Public Health Scotland to fulfil its functions? and **Q14** (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?

CPA is supportive of the proposed PHS Board, and welcomes the multi-professional nature of the proposed Board.

Q15 What are your views on the arrangements for data science and innovation?

CPA recommends that PHS support through community planning arrangements in Aberdeen, with locally deployed resources being provided under the direction of the Director of Public Health.

Q16 What are your views on the arrangements in support of the transition process?

CPA acknowledges the scale of the transition involved, would value regular engagement and communication, and sees achievement of the stated deadline as vital.

Q17 (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?

CPA recommends that the North of Scotland Public Health Network *remote and rural checklist* be used to inform the development of PHS.

Q18 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?

CPA acknowledges the vital importance that the private and third sector has to play in public health, and views PHS as having an important part to play in helping to secure their involvement in local partnership plans.