BDA The Association of UK Dietitians
Scotland Board

A new National Public Health Body 'Public Health Scotland'

Consultation Response

Summary

- The BDA welcomes the creation of Public Health Scotland, which is an opportunity to bring together the currently fragmented public health sector in Scotland, provide sector leadership and ensure that public health Including prevention and early detection become higher priorities within local and national government, the NHS and the health and social care system more generally.

- The BDA believes dietitians and the wider AHP workforce, as a key part of the public health workforce, have a crucial role to play in the functioning of PHS and the delivery of its responsibilities and objectives. This has been outlined most recently in the UK-wide AHP public health strategy, and we expect the new PHS body to reflect this key part of the workforce in its strategies, its leadership and its engagement.

- The plans outlined within the consultation are positive overall, and we can appreciate the effort that has been made to consider all aspects of the creation of this body. It will not be a quick or simple process, and it is clear that a great more detail is yet to be decided, including remit, organisational structure and leadership. We hope that Scottish Government will continue to engage with all partners beyond this consultation as it takes these ideas forward.

- We would encourage PHS to be an open, respectful and participatory organisation, which sets a strong culture of openness and inclusivity from the outset and from the top down. It must be a listening and learning organisation and all these aspects should be clearly articulated in its central purpose and remit.

- We would encourage Scottish Government to consider and apply lessons learned from the creation of similar bodies in other parts of the UK, such as Public Health England and Public Health Wales.

- We would encourage the creation of a clearer set of outcome-focused responsibilities for PHS, perhaps drawing on those used by Public Health England as an example. Articulating responsibilities in a clear and concise manner improves the accountability of the organisation as a whole.

- The BDA believes it is vital that PHS has the scope to comment on and drive change in areas much broader than just health and care. It is well established that there are a great many wider determinants of health, from education to poverty, housing to environment. PHS has to be ambitious in its scope and give the remit to intervene in all these areas. It

must promote equality and social justice in the widest sense if it is to be successful in its aims of improving the health of the Scottish public.

- We would encourage Scottish Government to more clearly articulate how it intends to reflect the views of and maintain close ties with local NHS and local government public health teams. We would also urge PHS and Scottish Government to engage closely with all professional bodies with involvement in public health to ensure wide professional input.

- While we appreciate the desire to ensure continuity and reduce costs by making use of existing buildings, we hope in the long term that PHS can reflect a Scotland-wide footprint, truly representative of the population served by the new organisation. This should include considerations of how technology can be used to bring PHS staff, partners and the public closer together.

- Bringing together the functions of Health Protection Scotland, NHS Health Scotland, and Information Services Division will require significant upheaval, and every effort needs to be made to minimise disruption and prevent a loss of expertise or experience from any of those organisations in the transition. This process should not be rushed, and we believe the intention of having the new body functioning by April 2020 is ambitious. We would hope to see a great deal more information about the proposed transition process soon.

- We are disappointed that there is not more detail regarding funding for the new body. It is encouraging that Scottish government will meet start-up costs, and we agree that funding should follow function. However, we believe Scottish government should commit to additional funding if required, rather than simply relying on transitioning existing pools of funding. We hope a more advanced business case will have been made by the time the organisation comes into being.

- We would urge Scottish Government to ensure that process of appointment/recruitment for senior executive posts and the PHS board should be open and transparent, and seek to attract as broad a range of candidates as possible. PHS should make every effort to ensure its senior executives and board represent the diversity of people and professions that work in the public health sector, including all health care professions (such as Allied Health Professions).

Specific Questions

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

We welcome the overall intention and key design principles behind the new Public Health Scotland body, and the recognition that this will only be one part of a wider solution to improving public health in Scotland. We welcome the very central commitment to partnership working, to co-designing objectives and autonomy for the organisation to allow it to advise and provide challenge.

We recognise the desire to ensure that as far as possible it should be jointly accountable to Scottish Government and COSLA, but as noted in the consultation document, the chosen legal structure means that in effect the body will be accountable only to Scottish Government, and despite the commitment to non-legislative methods to ensure local government input, we remain to be convinced that the new body will not feel most accountable to central government as a result, and that Ministers will not ultimately wield control.

We welcome the recognition that this new body will need to engage with existing efforts to integrate and organise public health at the local level, such as Community Planning Partnerships and Integration Authorities.

Under point 9, we believe more could be done to ensure that the high-level strategic responsibilities of the new organisation are clear and allow for appropriate scrutiny and accountability. We would compare the responsibilities of Public Health England, which we believe to be more outcomes focused to the output focused nature of PHS's proposed responsibilities. We would argue that it is much easier and more meaningful to measure success against PHE's broad responsibilities than against those outlined for PHS.

PHS responsibilities

- 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.

PHE responsibilities:

- Protecting the public's health from infectious diseases and other public health hazards, working with the NHS, local government and other key partners,
- Securing improvements to the public's health, including supporting the system to reduce health inequalities,
- Improving population health through sustainable health and care services,
- Ensuring the public health system maintains the capability and capacity to tackle today's public health challenges and is prepared for the emerging challenges of the future,

Question 2:

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

We welcome the commitment to allow PHS to be a trusted and impartial champion for public health, and are pleased that the consultation recognises the need to do more to demonstrate this autonomy than simply to state it. This might be reflected in clear policies with regards to the independence of PHS communications, and specifically articulated guarantees for senior PHS Staff, who will be ultimately responsible for PHS policy and messaging, to ensure they can "speak truth to power" and highlight where they believe either Scottish Government or COSLA need to do more without fear for their jobs. This may be supported by maintaining public records of all correspondence/advice between PHS and Ministers or Government.

In relation to the "power of direction" we would also like to see a legal requirement that Scottish Government develop the direction of the new PHS organisation in consultation with others, rather than only "as appropriate". We believe it will always be appropriate to involve the expertise of other public health providers, professional bodies and local government, using the principles of co-production and shared leadership.

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

We would encourage Scottish Government to consider ways in which the proposed Memorandum of Understanding has legal standing in order to ensure that COSLA has responsibility and input on the same footing as central government. We remain to be convinced that the new body will not feel most

accountable to central government as a result of the system as currently proposed, and that Ministers will not ultimately wield control. This is reflected in the recognition under point 11 that as a Special Health Board Scottish Ministers will be responsible for agreement of strategic aims and targets, appointments and budget setting.

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?

We agree with the plan for PHS to engage as with Integration Authorities, collaborate with existing local public health teams and community planning partnerships. PHS should act as a champion for communities and the public in their work with other organisations at a local level, but also ensure that for any national projects in which it is either involved or has responsibility, it makes every effort to consult broadly and through local partners.

More generally, we would encourage PHS to be an open, respectful and participatory organisation, which sets a strong culture of openness and inclusivity from the outset and from the top down. It must be a listening and learning organisation and all these aspects should be clearly articulated in its central purpose and remit.

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?**

Yes. However in addition, we consider it necessary that the Director of Public Health (or a nominated deputy) from the local NHS Board should also become a community planning partner. This will avoid duplication of effort between the national agency and local NHS Boards, and strengthen the connection between Public Health Scotland and local NHS Board Public Health teams.

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?**

Yes

c. **Do you have any further comments?**

It will be important that communities are made aware that they will be able to tap into the expertise of PHS and influence its decision making. This will need to be articulated regularly to ensure that communities make best use of this power.

Question 7:

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

PHS must be set ambitious targets reflective of clear outcomes-based objectives as discussed in our answer to Question 1. We support the intention to utilise the Scottish National Performance Framework, which will ensure consistency with other areas of Scottish Government. We also support the role of PHS in supporting local services to utilise benchmarking and good practice.

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

We would specifically encourage a wider range of performance indicators and outcomes relating to diet. We know that diet within Scotland is poor, and obesity, diabetes and other diet related conditions are amongst the greatest public health challenges facing the country. PHS should play a strong role in improving the nations diet and be judged on that accordingly.

This should include more health-related outcome data (beyond just healthy weight to include other lifestyle related conditions) and more diet specific performance indicators, such as overall fruit and vegetable intake, sugar intake and significant micronutrient intakes (such as folate, iron, calcium etc.). In relation to poverty and health-inequality, performance measures relating to food security and inequality should be used. Successfully measuring performance against these specific nutrition measures will

require that Scottish Government continues to commission robust data collection on Scotland's eating habits, including the Scottish Health Survey.

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

We welcome the broad scope of PHS functions, encompassing the entirety of public health. However, bringing together the functions of Health Protection Scotland, NHS Health Scotland, and Information Services Division will require significant upheaval, and every effort needs to be made to minimise disruption and prevent a loss of expertise or experience from any of those organisations in the transition. This process should not be rushed, and we believe the intention of having the new body functioning by April 2020 is ambitious. We would hope to see a great deal more information about the proposed transition process soon.

The BDA believes it is vital that PHS has the scope to comment on and drive change in areas much broader than just health and social care. It is well established that there are a great many wider determinants of health and wellbeing, from education to poverty, housing to environment. PHS has to be ambitious in its scope and given the remit to intervene in all these areas. It must promote equality and social justice in the widest sense if it is to be successful in its aims of improving the health and wellbeing of the public in Scotland.

Question 10:

a. **Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland and,**

The BDA agrees that PHS will need new senior executive roles – such a large organisation with such a significant remit needs clear and visible leadership, with a range of expertise and experience to reflect the range of focus areas identified within the consultation document.

b. **If so, what should they be?**

Our main plea would be for the process of appointment/recruitment for senior executive posts to be open and transparent, and seek to attract as broad a range of candidates as possible. It is important that those appointed not only have the requisite professional competencies, but also exhibit the appropriate values and behaviours for such high-profile positions. PHS should make every effort to ensure its senior executives represent the diversity of people and professions that work in the public health sector, including health care professions (such as Allied Health Professions). Too often we see senior leadership roles within the NHS and other parts of the health service dominated by medical and nursing personnel – whilst they clearly have fantastic expertise, this is at the cost of equivalent or even wider experience from those in other professional roles.

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?

We would encourage Scottish Government to look to similar organisations that already exist elsewhere in the UK, such as Public Health England or Public Health Wales, to ensure that we can apply lessons learned from their creation and organisational structure.

It is likely that any organisation with such a wide remit and clearly defined but quite different functions as PHS, it would become easy for teams to become "siloed" and every effort must be made to ensure health protection, healthcare improvement and health improvement functions, are integrated and share information and support. This will be a key role for senior post holders.

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

While we appreciate the desire to ensure continuity and reduce costs by making use of existing buildings, we hope in the long term that PHS can reflect a Scotland-wide footprint, truly representative of the population served by the new organisation. Public Health is often, quite rightly, organised and led from a local level, either by health boards, local councils or other providers. PHS should reflect that fact and ensure its staff are based around the country with close links to all areas.

Public Health England, which seems an appropriate model, has nine regional centres which act as the "front door for most of PHEs local services across health improvement, healthcare public health and health protection"[1]. It is important that PHS is not dominated by Scotland's central belt, and has links across the mainland and islands.

The creation of PHS should also serve as an opportunity to use technology to bring PHS staff, partners and the public closer together. Learning lessons from existing programmes such as Technology Enabled Care (TEC).

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

We believe that utilising experience of successful NHS Boards already in existence within Scotland is sensible. We agree with the range of professional expertise that is desired, although are concerned about how such a broad range of expertise might be achieved within the reasonably sized Board that is outlined (of perhaps 13 people). In order to achieve the stated aim of incorporating "lived experience" we would suggest that specifically aiming to recruit people with direct experience of *receiving* public health interventions to the Board.

Question 14:

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

We would urge Scottish Government to ensure that process of appointment/recruitment for senior executive posts and the PHS Board should be open and transparent, and seek to attract as broad a range of candidates as possible. We would again emphasise the importance of ensuring that appointees not only possess professional competencies, but have also demonstrated the appropriate values and behaviours to serve in such a role. PHS should make every effort to ensure its senior executives and board represent the diversity of people and professions that work in the public health sector, including all health care professions (such as Dietitians).

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

We agree broadly with the intended size and scale of the Board, modelled on existing NHS Boards. As mentioned above this structure does mean that from a legal standpoint PHS will be more accountable to Scottish Government than COSLA, but the involvement of councillors as members of the governing board will hopefully ensure some oversight.

Our key concern is how the Board will communicate with others and specifically with those within the PHS organisation. Ensuring good lines of communication throughout the organisation, with a clear capacity to "speak truth to power" will be key to the success of the organisation.

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[1] https://www.gov.uk/guidance/contacts-phe-regions-and-local-centres