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
X Organisation

Full name or organisation’s name

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

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If you choose the option ‘Do not publish response’, your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.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

Healthcare Improvement Scotland (HIS) welcomes the establishment of Public Health Scotland and the whole-system approach being used to underpin the new model for public health in Scotland. We welcome the commitment to a model of shared leadership and shared accountability between Scottish Ministers and local authority leaders alongside the commitment that ‘partnership working must sit at the very heart of Public Health Scotland’. We recognise our role and responsibilities as part of the whole system response and look forward to working with the new body in both the co-design of its strategic objectives and in supporting delivery of key priorities.

We also very much welcome the embedding of a human rights based approach across Public Health Scotland and the focus on lived experience; we believe that designing systems that both meet the public’s needs and maximise the use of existing/developing assets is critical for the sustainable delivery of public services across Scotland. Therefore we would encourage a focus not just on promoting an understanding of local public health needs, but also on understanding and tapping into the local assets.

We also welcome the reflection that it would be desirable for the Executive Team of the new body to include cross-sector expertise, including representation from the third sector. Our own experience of moving from a body focused primarily on health care to one working across health, social care and housing has been that the inclusion of individuals from different backgrounds within our senior teams has been critical to enabling an effective transition into a broader arena.

We foresee a number of significant interfaces between the new public health body and the work of Healthcare Improvement Scotland, including but not limited to:

- the use of data and intelligence (currently provided by the Information Services Division)
- local strategic planning support
- community participation in decision-making
- evidence reviews
- quality assurance of local systems
- health care public health

Further details are provided throughout this response. We are keen to continue to work with those designing the new body to ensure there is a strong understanding of the interfaces between the work of Healthcare Improvement Scotland and Public Health Scotland, with the aim of ensuring we have effective mechanisms in place that enable alignment, co-ordination and where appropriate, collaboration.
Finally, we welcome the opportunity to respond to this consultation and look forward to further opportunities to support the development of the new public health body.

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?

We support the emphasis on the need for this body ‘to be a distinct organisation with the autonomy to advise and support government, local authorities and the NHS in a professionally independent manner’. We note that the new body will be established as a national Special Health Board within NHSScotland and welcome the proposal to supplement these arrangements with a Memorandum of Understanding which outlines how certain functions and activities will be jointly managed and controlled.

We acknowledge the inclusion of Healthcare Improvement Scotland (HIS) under ‘The relationship between Public Health Scotland and health boards’ but suggest that the text under-emphasises the interfaces between our organisations and potential overlap of roles/responsibilities. Further work is needed to better understand those interface issues in order to avoid duplication of effort; further details are provided later in this response.

The document also states that ‘appropriate links will be made between Integration Authorities and Public Health Scotland’. This may benefit from clarity on what would be considered appropriate, for example representation on IJBs and / or Strategic Planning Groups, or for links to be locally defined.

Further, it would be helpful to better understand the balance between national responsibilities and local factors, and the degree to which the public health resource within territorial health boards will align to Public Health Scotland, working to one national public health strategy.

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?

We welcome the focus on the role of Community Planning Partnerships (CPPs) in the strategic planning and delivery of public health programmes alongside the recognition of the vital role of communities and third sector organisations.

We also welcome the references to general public engagement and community participation and would encourage this work to be strongly underpinned by a
commitment to co-design and co-production. We believe this could be further strengthened in the proposals.

In developing the new public health body’s support for local strategic planning, it will be important to recognise that there are a number of existing resources and activities at a national level supporting strategic planning in both CPPs and Health and Social Care Partnerships (HSCPs). In particular, the Improvement Service offers support to CPPs and it will be important to ensure the design of the new body thinks through these interfaces.

It is worth highlighting the following existing roles which Healthcare Improvement Scotland (HIS) has with respect to Integration Authorities:

- The Public Bodies (Joint Working) (Scotland) Act provides for HIS to review the effectiveness of strategic plans (jointly with the Care Inspectorate) and to encourage improvement in relation to these.

- The Strategic Planning Portfolio within HIS’ ihub supports health and social care systems through provision of strategic planning advice, guidance and coaching to: understand their high impact opportunities for redesign; design, prototype and implement new pathways and models of care; and, evaluate the impact of those new pathways and models of care to identify further development necessary to achieve strategic objectives.

- The Scottish Health Council supports the engagement of people and communities in strategic planning work by providing advice and development support to Integration Authorities. This includes sharing evidence and resources on meaningful engagement practices; testing and evaluating innovative ways of engaging communities and sharing the learning from this to support improvements in how people and communities help shape the design and delivery of health and care services.

Additionally, the integration team within Scottish Government provide policy advice in relation to commissioning and strategic planning, and the LIST Analyst resources embedded in HSCPs actively support partnerships in development and refreshing, for example, needs assessments for health and care strategic plans.

There are a number of initiatives at the moment that are supporting the development of consistent, aligned and co-ordinated approaches to transformational change across the health and social care system:

- HIS is currently working closely with a range of UK partners and the Scottish Government to create the Scottish approach to redesign which combines service user-led design, digital skills, design skills and quality improvement expertise to support health and social care teams adopt innovative approaches in the development and delivery of large-scale transformational change.

- Significant work has also been taking place through the National Boards’ Collaborative and the report of the National Board Collaboration for
Transformational Redesign Project (January 2019) considered how best to develop a co-ordinated offer and approach to system-wide transformational change within health and social care, where the change has the potential to benefit from national support. The report notes the need for greater alignment and collaboration across national organisations. The work undertaken to date has supported the identification of a number of capabilities and enablers which should underpin the development of a coordinated national offer of support for transformation. The new public health body may want to consider how these might inform its development.

- Further, HIS has also been working with the Information Services Division (ISD) and NHS Health Scotland, along with the Improvement Service, NSS and the Care Inspectorate, to develop proposals on how to address the MSG Integration Review recommendations on National Improvement Support. These include developing an improved joint understanding of the approaches used by each organisation to support improvement, how and where these approaches are being deployed, and an increased ability to co-ordinate current programmes of work and requests for support.

Ensuring Public Health Scotland is linked into these existing development initiatives will be essential and ensure the role and functions of Public Health Scotland are developed so as to supplement and enhance existing arrangements. Greater clarity on the respective roles and responsibilities alongside clear links between Public Health Scotland and other delivery partners will be critical to facilitating a shared understanding in a complex landscape which can be challenging to navigate, both locally and nationally.

In summary, the new body establishing strong connections and collaborations with existing national organisations supporting strategic planning, in conjunction with the strategic planning expertise which exists within CPPs, HSCPs and health boards, will be essential in making best use of resources to support national goals and aspirations.

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

The new body’s role in strengthening awareness of the need for meaningful involvement of communities in decisions about their health and wellbeing is very much welcomed. Where there is a requirement to develop services and approaches that support population health and well-being, its role in providing robust advice and input around involvement, co-design and co-production with communities at all stages of development and implementation would provide a meaningful contribution to sustainable transformation of services.

It will be important that approaches to supporting communities to contribute meaningfully to decisions about health and wellbeing are consistent across national
improvement bodies. In particular we note the potential for significant interfaces with the community engagement advice and support that HIS offers to health and social care through the Scottish Health Council. We are keen to work with the new public health body to ensure both alignment of approaches/messaging and the establishment of effective operational interfaces.

It is hoped that the new body will have a local “presence” within communities and communities of interest and that there will be pro-active engagement in health campaigns and promotions. It would be prudent to see a high profile of the organisation (and its work) and the new body may wish to consult with the Scottish Health Council in relation to ensuring that public engagement is at the heart of its own activities. There is also a real opportunity for Public Health Scotland to work closely with Integration Authorities and be involved in supporting a range of co-production and community initiatives at a local level such as Community Led Support.

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

(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?

Inclusion of Public Health Scotland as a public service authority would be in line with other national / special health boards.

(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?

We welcome the commitment to maintain and ultimately enhance the accessibility of data to those who need it, and the recognition that data responsibilities include that which ‘supports the NHS in progressing quality improvement in health and social care’. With the bringing together of the predecessor bodies it is important to recognise that the Information Services Division (ISD) carries out a significant amount of work which would not typically be considered as public health, and which is crucial to the work of NHS Boards including Healthcare Improvement Scotland (HIS). In particular we rely on access to a range of data in support of our role as an independent body providing assurance and improvement across the system, which is currently being enhanced through the provisions of the Health and Care (Staffing) Act, and expect this to be unchanged in the transition to the new body.

We note the current role of ISD in the Sharing Intelligence for Health and Care Group of seven national agencies which share and consider intelligence about the
quality of care services across Scotland. We expect that Public Health Scotland will wish to play a key role in this work.

We will also continue to work with local improvement support analysts (the LIST team), who are embedded in health and social care partnerships and support the work of the ihub on strategic planning and improvement. As approaches to data and intelligence develop, we would welcome a broader focus where possible, particularly around making user experience data more prominent, in addition to existing performance focused / quantitative data.

**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?

We welcome the proposed approach to developing short and medium term outcomes to complement the longer term public health related outcomes embedded within the national performance framework. We note the challenges that intermediary organisations have in monitoring performance and that Health Scotland in particular will bring significant experience to the table around the use of logic models to enable the development of appropriate performance metrics.

**Chapter 5**

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

In addition to our more general comments on the interface between HIS and Public Health Scotland earlier in the document, we would highlight the following areas:

**Health care public health (HCPH)**

It would be helpful to be clearer what is meant by HCPH and in particular, what specifically it will do to support the design and delivery of care services across Scotland. Further, we note that this is a proposed new function, though the consultation document helpfully references that the Information Services Division (ISD) and Healthcare Improvement Scotland (HIS) support existing elements of this work.

HIS’s role includes but is not limited to the following examples: support for HSCPs to undertake population needs assessments, support for redesign of services to enable prevention and earlier intervention, identification of patients who may benefit from anticipatory care planning, and work on effective prescribing.

We would recommend further engagement and mapping in relation to this work and our respective contributions, in line with our earlier comments on the need for greater alignment and co-ordination of the offerings across national boards.
Underpinning data and intelligence

In addition to earlier comments regarding the importance to HIS of the accessibility of national data and intelligence, we would note that there are aspects of measurement / intelligence where there is a role for enhanced national-level leadership and support for organisations that provide front-line care. These are relevant to healthcare and broader than public health. These include:

- supporting the development of the analyst workforce across Scotland, to unlock the full potential of data for the ultimate benefit of people using services (see reports on this from The Health Foundation, May 2019 and December 2016)
- supporting services in doing the basics well and more consistently when it comes to how to visualise/interpret data and understand variation in data
- helping turn data into intelligence, including producing more by way of interpretation/narrative for data that are published nationally
- increasing the pace/scale of change in terms of having more data about care that is delivered in community settings – this is needed to help with system redesign, among other things
- ensuring that data about health and care are made publicly available, in a way that can be easily accessed/understood by those who want this.

It is also important that the provision of more in-depth or bespoke data, which is not publicly / freely available, is based on a proportionate approach to cross-organisational charging particularly for other national bodies working to achieve mutual aims.

Leadership for public health workforce development

We note the lead role for Public Health Scotland in public health workforce development. A number of HIS staff undertake roles which could be considered to fall within this grouping, either through the posts having a focus on healthcare public health and/or the postholders having arrived in their roles through achievement of public health qualifications (Masters in public health in particular). There is currently limited scope for career development for this workforce within the NHS, particularly outside the traditional public health departments. We would welcome new initiatives in this area and would encourage them to encompass the full scope of relevant roles across NHSScotland.
Management of any services which have been identified and agreed as being best delivered on a national basis

We note the reference to ‘screening and immunisation advice’ in those services listed but are surprised that there is not a more detailed consideration of the new body’s role in relation to screening activities. Healthcare Improvement Scotland supports NHSScotland’s screening programmes through development of standards for screening services, which are supported by the provision of data by ISD. We believe that there is scope for Public Health Scotland to further develop the national approach to evidence-based screening as a key public health function.

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?

We note the Health Protection Scotland (HPS) functions to be transferred to Public Health Scotland. Healthcare Improvement Scotland’s safety and cleanliness inspections of NHSScotland hospitals and services are underpinned by standards aligned to the NHSScotland National Infection Prevention and Control Manual, produced by HPS. We also receive HPS data on infection rates on a quarterly basis and use this to inform the planning and focus of our inspections. HPS also provides our inspection teams with infection prevention and control advice. We look forward to continuing to work closely with Public Health Scotland in these ways.

We also note the references to antimicrobial resistance and HAI specialist groups and to surveillance but suggest that further consideration and emphasis could be given to antimicrobial resistance (AMR). The focus within the document would appear largely to be on communicable disease which is a traditional health protection function but the larger burden of infectious diseases both in hospital and the community do not fall into this category. There are a number of key areas of work currently taking place in HPS and ISD which we would highlight, including:

- monitoring of healthcare associated infections (HAI)
- surveillance of antimicrobial use and resistance
- contribution of intelligence to engage stakeholders in interventions to tackle AMR
- collaboration with HIS and NHS Education on the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) workstream.

Again we look forward to continuing to work closely with the new body on these areas.

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?

We welcome the recognition of the increased role that a range of data could play in both identifying opportunities for improvement and identifying what works, for whom, and in which context. In particular we note that the advances in both genomics and artificial intelligence open up innovation opportunities to improve outcomes for individuals and populations whilst also reducing costs. We welcome the new public health body taking a national leadership role around data science and have already identified above some of the existing opportunities for strengthening the use of data across systems including the need to support the development of local analytical skills.

We also note the governance and ethical issues that come along with the developing field of data science. Clarity in relation to the role of the new body around these developing fields would be helpful; for example will it have a role in assessing artificial intelligence developments to ensure these are not perpetuating existing health inequalities?

We also note the references to digital transformation and technology in the document. This is a complex, complicated and some would say already cluttered landscape and it would be useful to have greater clarity on the role and remit of Public Health Scotland in this area versus that of other existing organisations.

We welcome the references to innovative use of digital technology and the evaluation of health-enhancing interventions and would highlight the opportunity to work with Healthcare Improvement Scotland’s (HIS’) evidence functions, in particular the Scottish Health Technologies Group (SHTG) which provides evidence, support and advice to NHSScotland on the use of new and existing health technologies which are not medicines and which are likely to have significant implications for people’s care.
From HIS’ perspective it will also be important to consider how the development of new service models will influence and impact on a number of our roles and activities including quality assurance and engagement with service change.

Chapter 10

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

We note that this is a complex merger of existing organisations to create a new body. Similarly Healthcare Improvement Scotland was formed by a merger of existing organisations and we would be happy to share learning in relation to the establishment and consolidation of our functions.

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?

In terms of the impact of specific proposals, as identified above, there are potential equalities issues which need to be taken into account in relation to the new body’s role around data science.

More broadly, we welcome the stated intent that Public Health Scotland will both support organisations that are responsible for tackling inequalities, and ensure that the role of the third sector is promoted, given their skills and reach in working with communities and people facing health inequalities. This should support the public health agenda in relation to access to health and social care, and hearing from and listening to hard to reach and disadvantaged groups.

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?

The commercial determinants of health and wellbeing are significant as demonstrated for instance by the impact of the fashion industry on self-esteem/confidence and the food industry on levels of sugar and salt consumption. The development of a strategy for working with businesses to address the key commercial determinants having the greatest negative impact on population health will be an important factor.