



ROYAL
COLLEGE of
PHYSICIANS of
EDINBURGH

Response from the College

Scottish Government

Consultation on a new National Public Health body: 'Public Health Scotland'

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

The Royal College of Physicians of Edinburgh (“the College”) is pleased to respond to the Consultation on a new National Public Health body: 'Public Health Scotland'. The College is an independent clinical standard-setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland and the world with over 13,000 Fellows and Members in 91 countries, covering 30 medical specialties. This response was informed by the expertise of our Fellows specialising in public health.

The College supports the introduction of Public Health Scotland (PHS) as a new national organisation.

The College is supportive of the approach to robust and effective cross sector partnership working in order to deliver positive public health outcomes for Scotland. The National Performance Framework is an important tool for ensuring accountability and local and regional outcome measures will be required. Delivering public health services that are better informed by local needs is most welcome and the College also strongly supports a human rights based approach to health and wellbeing. The College further commends the statement provided by the Faculty of Public Health which provides additional feedback on the new National Public Health body: 'Public Health Scotland'.

On human rights specifically, the College believes that the new body could have an even stronger emphasis based on an ethical approach to the right to good health, and protecting the most vulnerable in society.

The College considers that the consultation document could be stronger on the determinants of health beyond the traditional scope of public health (e.g. unemployment, housing, etc) and how PHS might usefully interact around 'health in all' policies by contributing to the wider determinants of health and wellbeing.

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?

The College has mixed views on the concept of Public Health Scotland becoming a statutory community (CPP) planning partner. PHS involvement as a partner in local public health activity is essential but it is less clear whether this should be statutory and in any case will require adequate resourcing and careful planning to avoid duplication and inconsistencies. With this new statutory responsibility there could be the unintended consequence of diverting vital resources from other established functions of Public Health Scotland, with negative impacts on public health.

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?

The College supports paragraph 27 which recommends that health boards outline areas of public health work where they would like support from PHS, with a focus being on an integrated approach.

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

PHS's focus is best placed at national level, and local partnerships should be clearly defined and consistent with national public health policy and priorities.

Question 5: (a)Do you agree that Public Health Scotland should become a community planning partner under Part 2 of the Community Empowerment (Scotland) Act 2015? (b)Do you agree that Public Health Scotland should become a public service authority under Part 3 of the Community Empowerment (Scotland) Act 2015, who can receive participation requests from community participation bodies? (c) Do you have any further comments?

As set out in response to question 2.

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

The College supports the intention that PHS will be a knowledge based and intelligence driven organisation.

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?

There is insufficient information to allow a clear opinion on this question.

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

In particular, the College welcomes the development of the national responsibility for healthcare and public health, and the leadership role in public health research, data science and innovation (para 2). There is a concern on whether the new organisation will have adequate resources to support the scope of work identified at local and national level

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?

A current gap in the health protection functions for PHS is antimicrobial resistance (AMR). AMR has been defined by WHO as one of the three greatest global public health threats. It requires a 'One Health' approach. AMR is not only a healthcare environment or a hospital problem – it is a wider global problem involving agriculture, ecology, veterinary practice as well as prescribing in primary and secondary care with the repercussions in health care. The UK has a five year action plan, and the College considers that leadership on implementation of this plan in Scotland should be led by PHS. College Fellows would like much more focus on the environment in PHS's functions – not just from the point of view of health protection responses to environmental hazards, but also in terms of linking in with the wider public health role in creating healthy environments for people – both indoors and outside.

The College agrees that health protection is an important aspect of public health and currently performs well at both national and local level. Greater focus on how Scotland can make better use of data and intelligence across sectors would bring additional benefit.

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?

The College considers it essential to retain an executive clinical leadership role for health protection and as well as a medical director for leadership of the medical workforce of Public Health Scotland. Together these executive leads would provide informed and senior input to policy and delivery of PHS functions in addition for partnership working with NHS Scotland.

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?

No further comment

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

The College has no strong views on this and is content with current proposals.

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

The College has no comment on this section.

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?

The College notes that PHS is expected to have approximately 1,100 staff. This is a net increase on those currently employed by ISD, HPS (including the HAI and AMR team) and Health Scotland. Care is needed to deliver an efficient and effective organisational structure, allowing for cross working especially in information and surveillance and avoiding duplication.

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

The College believes that this is an area which requires intelligent expansion within Scotland.

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

The College understands the importance of maintaining all aspects during transition especially health protection should there be a major incident.

It is not clear from Chapter 11 that current funding has been mapped to the considerable expansion of the remit and additional functions of the new organisation compared to the three organisations being merged for which the funding is being transferred. The new structure will therefore need careful management of transitional risk including financial risks. It is not entirely clear how these risks will be mitigated.

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?

A comprehensive equalities impact assessment is required before this question can be answered.

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 College has no further comments.