CLD Standards Council Scotland response to:-

Scottish Government consultation on a new National Public Health body[1]
July 2019

Consultation responses -

Chapter 2

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

The Community Learning and Development Standards Council (CLDSC) welcomes moves to establish a stronger voice for public health. The emphasis placed on working with communities as partners throughout the consultation document is also very welcome.

However, for an effective change strategy to be devised, it is important to be aware of the limits that organisational adjustments alone, can bring about improvements in relation to deep-seated issues, which are founded in existing socio-economic structures.

The paper acknowledges (paragraph 7) that "*we need to recognise the fundamental importance of environmental, social and economic factors in determining health outcomes and the need to increasingly move towards the prevention of illness*". The barriers to supporting such a move, and reallocating the resources needed, have proved to be formidable. Clarity is needed on the role of the new body in achieving tangible progress for residents in the most deprived communities in Scotland.

There is a large area of common ground between public health and Community Learning and Development (CLD) in terms of values, outcomes and practice methods. We look forward to the enhanced opportunities for developing joined-up approaches to workforce development arising from the establishment of the new body. We also welcome the potential for development of joint planning and delivery of programmes between public health and CLD professionals. The Council would also contend that public health activities should be contextualised within a range of CLD activities and that work to develop this approach should be encouraged.

Chapter 3

Question 2: (**a)** ***What are your views on the general governance and accountability arrangements?***

The proposals envisage benefits resulting from establishing a unified public health body. There appear to be a number of risks and potential downsides to doing this. The types of work required to deliver the range of functions outlined appear to be different and therefore will require different approaches. Care will be needed to

[1] https://consult.gov.scot/public-health/public-health-scotland/

ensure that the expertise needed to manage and oversee these varied work streams is available while not creating an overly complex and top-heavy structure which would reduce the resources for the delivery of activities

Health improvement in particular requires to be based on work in, and with communities, as is recognised in the consultation paper. Any national organisation seeking to support this type of work faces a challenge; addressing this effectively will depend on a shared understanding across the organisation of what it requires and an organisational culture that values the empowerment of communities and that of service users.

Clear lines of accountability are essential. While the intention to work closely with local government through CoSLA is welcome, it requires to be ensured that the objectives of the body are clear and that it is given space to decide on strategies and actions to meet these goals. It will be essential that it develops its strategies and plans through dialogue that includes communities and engages with the wider public. In doing this, clarity of leadership will be needed.

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

By working together to establish clear objectives, giving authority to the board of the new body to lead the work to meet these priorities, jointly reviewing periodically and agreeing actions needed by national and local government as well as establishing new actions for the new body's next phase of work.

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

The consultation document rightly emphasises the role of local government in relation to public health and in ensuring that local services work in partnership with citizens (Ch. 3, para. 31-32). The experience of members of the CLD Standards Council, and information from recent research on the CLD workforce, indicates that there are significant shortfalls in the resources required to fulfil these roles. The new body will need to be aware of the resource pressures on local partners and how it can assist them to deal with these.

(b) ***How can Public Health Scotland supplement or enhance these arrangements?***

As indicated in the paper, the new body will need to think broadly about who contributes to public health and be creative in developing partnerships and enhancing work already taking place. As noted in response to Q4 below, engaging with CLD Partnerships can provide a means of making productive links with local communities and the organisations who work within them.

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?***

A considerable amount of work has been undertaken with the aim of creating effective local partnership and participatory structures and processes in many communities throughout Scotland. Reports by Audit Scotland and the Scottish Parliament's Local Government and Regeneration Committee have highlighted the continuing challenges in doing this meaningfully and successfully. In this context, planning for the new body's role in community planning and engagement with communities requires to be based on a realistic, critical and considered analysis of what is current practice and how this could be developed further to support the objectives of the new body.

The CLD Standards Council particularly welcomes the statement that:

> "*However local public health priorities are taken forward, meaningful and committed participation with communities should be integral to it*." (Chapter 3, paragraph 56)

We also welcome the emphasis on the role of the third sector (Chapter 3, paragraph 58-61). It is essential to note that third sector organisations have very varied roles, many of which focus on providing services *for* communities. A number are also involved in working *with* communities to develop their voice; however "*providing a voice for communitie*s" is a more questionable role, as while advocacy can be important in some circumstances, communities should be supported to articulate their own needs and aspirations and engaged effectively in the planning of services to meet these. The new body will require to ensure that it has clarity on the purpose of engaging with, or resourcing, the third sector and consider with which third sector bodies it should prioritise engagement.

CLD Partnerships (CLDPs) bring together organisations that have a role in community learning and community development within each local authority area. "*To better support communities to participate in decisions that affect their health and wellbeing*", Public Health Scotland should engage effectively with CLDPs in order to maximise the impact which these partnerships can provide in supporting communities. The recent research on the CLD workforce indicates that there is a large workforce undertaking CLD roles in the third sector, in addition to those working in local authorities. CLDPs bring together both public and third sector bodies involved in developing meaningful and committed participation with communities; a number already have a focus on public health and all have potential to develop one.

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?***

No response.

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

No response.

Chapter 4

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

We propose that:

- Performance measurement of public health should include outcomes that are developed and agreed by communities through dialogue with communities.
- Where feasible, and appropriate, communities should be engaged as active partners in planning, monitoring and evaluation, from design, to information gathering, to analysis and assessment of findings.
- The views of communities and users of services should be included in data and in some instances as outcomes.

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

Additional outcomes and performance indicators should be developed based on the proposals above.

Chapter 5

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

We particularly welcome Public Health Scotland's function of advising Scottish Ministers "*on how funding should be prioritised to support the Public Health Priorities, including any redistribution which may be necessary within the health sector and the better alignment of resources from outwith the health sector*" (Chapter 5, paragraph 4). We note that while it is recognised that the NHS is under funding pressure, it has had a degree of protection relative to local government and the third sector, and that Public Health Sector will be better placed to advocate for redistribution of resources within the NHS than in a wider sense. Efforts to improve alignment of all resources are to be welcomed.

We also welcome the commitment to "*develop the vision for a more strategic approach to workforce development for public health practitioners*", and the new body's role in "*oversight, development and delivery of national training and development for public health*" (Chapter 5, paragraph 4). The CLDSC and the NHS Health Scotland Public Heath Workforce Team have already established positive links; we look forward to developing these further in the context of the new body's enhanced role and the opportunities for a collaborative approach to the development of the public health and CLD workforces.

We also look forward to engaging with the new body in relation to its responsibilities for working "*with existing bodies and partners to establish standards and expectations of good public health practice*" given the CLDSC's role in relation to standards of professional practice in CLD.

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?*

No response.

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?*
No response.

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 response.

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

No response.

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?*

We suggest that the types of expertise and experience needed for the Board should be identified more specifically. Categories such as "academia" and "local government" are extremely broad and recruiting board members on the basis of securing "representation" from each of the categories listed will not in itself ensure that the board includes the range of expertise and experience it will need.

"The Third Sector" in particular needs to be unpicked as a category. The Third Sector can include everything from small locally-based organisations to large regional or national bodies that in some instances take on many of the characteristics of private sector businesses, and from traditional charitable bodies to social enterprises. It will be important to be clear what skills and expertise is required for from individuals from the third sector appointed to the board.

We recommend that community learning and development features strongly among the areas of expertise represented on the board. Individuals who would assist the board with these could be identified in many of the categories listed.

Question 14: (a) *What are your views on the size and make-up of the Board?*

We agree that the Board needs to be small enough to enable decision-making and collective responsibility, however this requires to be balanced with having sufficient skills and expertise to ensure that the views of communities are represented appropriately. Given the new body's range of functions, the complexity of the expertise associated with these and the variety of sectors and contexts in which they are deployed, this balance is likely to be difficult to achieve.

One way of addressing this issue may be to consider establishing an advisory forum, or fora, to allow a wider range of expertise to be mobilised by the board while keeping its own membership within the optimum range.

(b) *How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?*
No response.

Chapter 9

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

We suggest that consideration should be given to whether and how data science could be deployed as a resource for communities engaging with public health issues.

Chapter 10

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

No response.

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?*

Given that individuals, families and communities who experience poverty, exclusion and discrimination have the most to gain from success in addressing the Public Health Priorities there is clear potential for the proposals to have a positive impact in reducing inequalities. However, there is experience of the relatively more privileged deriving more benefit from health services, and opportunities for empowerment. Therefore it is essential that adequate support for communities (of place, identity or interest) with fewer resources is put in place in order to avoid the unintended

consequence of increasing inequality. Consequently it is hard to assess the impact of the proposals on equalities.

(b) ***If applicable, what mitigating action should be taken?***

The design of programmes should have a clear focus on prioritising individuals, families and communities experiencing the greatest levels of deprivation and inequality. The particular adverse effect of concentrations of disadvantage in localities should be recognised through place-based strategies that prioritise these areas. At the same time it should be recognised that many people experiencing disadvantage are more dispersed and strategies for reaching them need also to be devised and given priority. The impact of the new body's activities on equality should be kept under rigorous review.

In all activity that the new body undertakes to support empowerment and participation, it should work to ensure that competent support is provided for people and communities experiencing inequality to participate effectively and to develop their own confidence, skills and capacity. The CLDSC would welcome involvement in identifying ways of doing this effectively.

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?***

No response.