**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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**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If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

The Scottish Government would like your

permission to publish your consultation

response. Please indicate your publishing

preference:

x Publish response with name

Publish response only (without name)

Do not publish response

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?

x Yes

No

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice within social services. We welcome the intention by the Scottish Government and COSLA to review and reform public health in Scotland, taking account of the unique challenges and opportunities that this will bring at national and local levels, and we are grateful for this opportunity to comment on the proposed arrangements.

We offer a response to the following areas within the consultation document.

**ANNEX B**

**CONSULTATION QUESTIONS**

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

Social Work Scotland welcomes the focus on strengthening public health in Scotland, in particular the emphasis on working within communities with the range of local stakeholders to tackle health inequality. To achieve greater efficiency, consistency and speed of action it makes practical sense to bring together the Scottish Government’s and NHS public health activities into one national body.

However, it is critical that the expertise of locally based professionals (such as social workers and teachers) informs and drives local action, drawing on the expertise of Public Health Scotland. In the implementation of these reforms the emphasis must be on improving and empowering local activity, reinforcing and building on existing community strengths, and conveying public health messages in the way best suited to the context; not a greater centralisation.

Partners in this endeavour should be focused on working together to develop greater competence to tackle health inequalities, involving those at all levels of partner organisations, and engaging with communities and local stakeholders. Partners should utilise best evidence as to how to work upstream of the problem to obviate crisis intervention, and consider how best to engage and motivate communities and government to address structural reform and to support positive behaviour change at an individual level.

Public health should incorporate a community development approach combining a range of professional support, including social work, whose internationally-held principles include the enhancement of wellbeing underpinned by social justice and human rights, and social change undertaken by community empowerment. There has been a recent resurgence in Scotland of the use of community social work as a model to empower communities (see <https://www.iriss.org.uk/resources/reports/community-social-work-scotland> and the IRISS website for a series of CSW case studies) which aligns well with the social determinants model of public health.

We know that community development is a long-term resource intensive commitment, and it should be acknowledged that in recent years many discretionary resources available to communities will have eroded due to the economic constraints in local authorities. The question arises then as to what resources can be made available to take advantage of public health evidence and expertise at a local level in Scotland and at what sufficiency “to ensure the effective delivery of improved health and wellbeing outcomes for the population of Scotland” (point 6, p4).

An understanding of human behaviour should inform organisational change and the matter of resourcing. In social work, it is notable that people are usually motivated to make change for themselves and their families only once a crisis point has been reached. There is then a window of opportunity to engage relationally, assess and work with risk, understand the person’s lived experience and get alongside them, and then work with them over a sometimes lengthy period of time before there can be any expectation of sustained behaviour change.

Social Work Scotland requests that there is sufficient resource made available at local authority level to make implementation of best practice viable, and that greater resource is made available to empowered local communities.

***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?*

***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?*

***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?*

***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?*

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

Social Work Scotland supports the position that accountability of the new public health body is to both Scottish ministers and local government, and that there is acknowledgement that the work of public health will involve aligning national and local effort in the shared endeavour of public reform. However, governance arrangements must attend to potential conflict between local and national direction.

Lines of accountability must be carefully drawn and the accountability of relevant bodies clearly articulated so as to avoid blaming, for example, if child obesity continues to rise, who is accountable?

With regard to shared leadership, Social Work Scotland would favour power residing within local authorities and health and social care partnerships, drawing on the expertise of the national public health body.

Support for developments might be stronger if the organisational difficulties and inefficiencies of the current arrangements were made more explicit. It would have been helpful to see an analysis of the risks in such reform to better understand the potential intrusion on local discretion and decision making powers.

We welcome the acknowledgement that public health in its broadest manifestation is the concern of Community Planning Partnership members, and we support the move to make Public Health Scotland a community planning partner. However, we do note that Community Planning Partnerships across Scotland vary in their cohesion and strength[[1]](#footnote-1).

Social Work Scotland welcomes the expertise that the new public health body will bring to local strategic planning, and we acknowledge that there are specific areas of involvement that the new body will require to have with Integration Authorities, local government, regional partnership, NHS Boards and the third and independent sectors. The governance landscape across Scotland has become increasingly complex and it will be necessary for the new body to align itself both nationally and within an array of different local arrangements, without becoming mired in bureaucracy. Arguably, the new provisions will only add to the complicated and overlapping requirements of local planning arrangements unless there is a process of decluttering.

In relation to the variance in Community Planning Partnership arrangements, it is worth noting the importance of the new body creating direct links with Children’s Services Partnerships and Community Justice Partnerships with respect to delivering on public health priorities.

There is a risk that focusing on the umbrella of community planning underplays the importance of the roles of housing and of education in public health and tackling health inequalities.

We wonder if the timescale for creation of the new body by April 2020 is achievable given the transfer of a substantial staff cohort and the complicated administration required to bring a new body into being. It would also seem likely that any impact ensuing from the new model will be some time away if implementation is to be done well. It seems sensible to us that the new body does not rush change for changes sake, but takes time to build towards sustainable impact.

It will be important that the new body positions itself so that it can engage with all stakeholders and avoid the criticism of being overly NHS-focussed. In that regard, we welcome the strengthening of public health’s relationship with Community Planning Partnerships and local communities, and would want to emphasise the importance of establishing positive and helpful local working relationships early in the new body’s existence.

The new body should make health inequalities its key focus and in doing so ensure representation of and advocacy for marginalised groups and individuals with whom services find it more difficult to engage, including those most vulnerable and isolated because of age, understanding, culture and fear of authority, reaching out to engage with those who feel excluded and disempowered.

We believe that to achieve success, Public Health Scotland leaders and staff must be drawn from a range of professional backgrounds with facilitation skills, community development skills and research and analytical skills able to assist local efforts in building communities to have better health. We support the intention to have Public Health Scotland staff based locally, and would stress that staff will need to have a strong understanding of the local area, a sustained presence and take time to form collegiate and supportive relationship with local communities and professionals.

It would be helpful to make it clearer as to how the new body will interface with the existing public health departments in territorial health boards and with the health improvement function of integration authorities, particularly with regard to what resources are to be made available to support local communities by each organisation. Any proposed movements of the workforce is of particular relevance within national and local Health and Social Care workforce planning agendas. It would be helpful to have clear articulation of the contribution of social work to the public health agenda.

We support the aim to enhance data availability at national and local levels, but acknowledge that the complexity of data systems and information governance across different agencies is a significant challenge. Whilst data is important, the consistent availability of resource to be able to utilise data to meaningfully change the experience of citizens is critical.

***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?*

Social Work Scotland supports the work being undertaken to improve the national performance framework, and acknowledges the requirement to develop more outcome focused suite of measures as well as appreciating the challenges in so doing. Finding measures that indicate success in preventative approaches is particularly complex.

Across the Scottish reform agenda the Scottish Government intends that there is a focus on realisation of human rights e.g. in current consultations on the UNCRC in Scots law, the broader agenda touched upon a Framework for Human Rights in Scotland. We suggest therefore that connection to human rights and well-being is formative in the shaping public health measures and indicators.

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

It would be helpful to consider the ‘Leadership’ suite of functions against the public health functions retained in territorial health boards, and how this links with the health improvement function of Integration Authorities under the integration scheme, to mitigate confusion and duplicated effort.

The functions and operations of the new body should be aligned with key national policy areas including the review of integration, the reform of adult social care, the reviews of children and adult mental health, and policy developments in children’s and justice areas to facilitate a shift to prevention and early help for all those most at risk.

Whilst we accept that the new body has a role in advising Scottish Government on funding distribution, this should be carried out in partnership with local government and community planning partners with an understanding of the challenges faced within local authority areas.

We believe that the changes to public health could promote understanding and collaborative approaches to addressing the intersection between public and personal health and wellbeing. We believe that the relationship between poverty and neglect in many forms is a significant public health issue; and welcome the potential of this development to recognise and help address avoidable vulnerabilities.

We hope that some of the challenges to the health of carers – such as kinship carers – could be given additional attention within collaborative planning.

We suggest that this development could support the development and continuity of innovative forms of working and developing community capacity – such as the use of community linkworkers. <https://vhscotland.org.uk/gold-star-exemplars-third-sector-approaches-to-community-link-working-across-scotland/>

Variations in local accountability and structures notwithstanding, we suggest that there should be explicit focus on the relevance of Public Health Scotland to the Child Protection agenda and the wellbeing of children.

We believe that national support for preventative approaches in public health begin early in support for parents and carers, in nurseries and schools. Public Health should support education and local services in this. This is insufficiently robust in the briefing.

The evaluation and supported transfer of models of practice is of relevance to Public Health eg in relation to the potential for Family Group Decision Making and advocacy to support partnerships between services, families and community supports and planning during complex transitions such as those from hospital or at end of life stages.

Social Work Scotland’s current work on Health and Wellbeing in Prisons exemplifies a national issue that requires partnership from Public Health Scotland. We would recommend the close interest and support of the new body with this hitherto neglected agenda.

Holistic wellbeing is a central and rights informed concept within children’s services in Scotland. We believe that there is much to be learned from the coherence of a national practice model that has core components and key values and principles. Specifically we recommend that Public Health Scotland could contribute to promoting the co-ordination of plans for individuals whose needs can only be met by a wide range of services, particularly at difficult transitional points.

In a child protection landscape the relevance of context is increasingly apparent in the way some risks are understood, may be mapped and can be addressed. The linear personal child and family intervention is often not sufficient to understand the ecology of risk and need for children and young people. Contextual safeguarding is an approach that may have analogies in public health in the sense that Public Health Scotland could begin to map pinch points and hot spots for public health and conversely, help identify strands that support community wellbeing.

We believe that the question of migrants’ health and entitlements to healthcare should be given consideration. This includes any special considerations in relation to the need to engage and support understanding on specific issues.

We suggest that Public Health Scotland in collaboration with others could contribute to disaster response planning, both in terms of disasters in Scotland and in learning from and contributing to disaster response internationally.

Overall we suggest that the priorities, lines of accountability and gaps that will be addressed should be presented graphically to assist broader understanding of this considerable investment.

***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 agree that social work and social care should be included in the list of professional areas; however, these are two distinct professional areas and separate representation should be sought from each discipline.

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

There is considerable promise in utilising data analysis at neighbourhood level to drive local resource allocation to tackle health inequalities. Whilst this should enable partners to use their available resources more efficiently and effectively, it should be acknowledged that the task ahead is complex and transformational, with multiple causal factors.

Data needs to be in real time to allow agencies to distribute resource towards shaping outcomes, rather than capturing them after the fact. This is an area that Social Work Scotland would be keen to be involved in from both an efficacy as well as ethical perspective.

It would be helpful to understand what learning and development opportunities will be made available to national and local partners.

1. <https://www.audit-scotland.gov.uk/uploads/docs/report/2018/ir_180824_community_planning.pdf> [↑](#footnote-ref-1)