

CHAPTER 3

GOVERNANCE AND ACCOUNTABILITY FOR THE NEW MODEL

The role of Public Health Scotland

1. The responsibility for the delivery of the remit of an NHS national board resides with that body, subject to NHS corporate governance arrangements and the 2018 UK Code of Corporate Governance, which includes audit and quality procedures. However, in order to implement the model of shared leadership and accountability between Scottish Ministers and COSLA these arrangements will be supplemented by a Memorandum of Understanding (MoU) which will set out how certain functions and activities will be jointly managed and controlled.

2. The corporate governance role of the Board for Public Health Scotland will be to set strategic aims; hold the executive to account for the delivery of those aims; determine the level of risk the Board is willing to accept; influence the organisation's culture; and report to stakeholders on their stewardship. The Board's key responsibilities will be:

- to set strategic direction of the organisation within the overall policies and priorities of the Scottish Government, COSLA and NHS Scotland, define its annual and longer term objectives and agree plans to achieve them;
- to ensure that plans and performance are responsive to staff and stakeholder needs;
- to oversee the delivery of planned results by monitoring performance against objectives;
- to ensure effective financial stewardship;
- to ensure high standards of governance and conduct throughout the organisation;
- to appoint, appraise and remunerate senior executives;
- to hold the Executive Leadership Team to account and seek assurance that the organisation is being effectively managed;
- to seek assurance that risks to the quality, delivery and sustainability of services are effectively managed;
- to engage with stakeholders;
- to influence the Board's and the organisation's culture.

3. It will be essential that the Board has the right skills, experience, diversity and expertise to govern the body and hold the Chief Executive and the Executive Team to account. Scottish Ministers and COSLA wish these appointments to include individuals with experience and knowledge of the public health landscape in its broadest sense.

4. Members of the Board for Public Health Scotland will be appointed by Scottish Ministers through a formal public appointment process which is regulated by the Commissioner for Ethical Standards in Public Life in Scotland, using the Code of Practice for Ministerial Appointments to Public Bodies in Scotland. In order to embody shared leadership and accountability COSLA may nominate one or more Elected Members to become part of the Board for Public Health Scotland to ensure sufficient representation from local government. Respondents to this consultation are invited to submit their views on the configuration and membership of the Board in **Chapter 8**.

5. The Chief Executive of Public Health Scotland will be designated as the Accountable Officer for the body. As Accountable Officer, the Chief Executive will be responsible for the use of resources but Scottish Ministers remain accountable to Parliament for the allocation of public funds in relation to the body¹.

6. The Chief Executive of Public Health Scotland and its Board will have a specific remit to work in close partnership with COSLA/local authority leaders. This commitment will be described in a Memorandum of Understanding (MoU). This will set out how certain functions and activities will be jointly managed and controlled.

7. Clear lines of strategic, political and operational accountability are required for a successful public health system. This means providing clearly defined roles and responsibilities for:

- Scottish Ministers;
- COSLA;
- Local partners, including NHS boards and Integration Authorities, local authorities and other public sector bodies designated as local partners;
- The national body, Public Health Scotland;
- The Board of Public Health Scotland;
- The Chief Executive of Public Health Scotland.

8. It is important that Public Health Scotland acts as a trusted and impartial champion for the improvement and protection of the health and wellbeing of the nation, free to provide advice based firmly on the science and evidence. We will consider what more needs to be done to demonstrate that the advice and guidance the new body provides is truly independent of Government. It should be able to campaign for those public health objectives and policies which it believes can best improve and protect the nation's health and wellbeing.

9. In establishing Public Health Scotland, at this time we anticipate no changes in the local governance arrangements for the strategic planning and delivery of local services for public health, other than the proposed addition of the new body as a statutory Community Planning Partner.

The role of Scottish Ministers and COSLA

10. COSLA will be joint partners in the strategic planning and performance review process for Public Health Scotland. Public Health Scotland will ultimately be accountable to Scottish Ministers, supported by the Scottish Government Health and Social Care Directorates, for the delivery of its functions. However, in practice Scottish Government and COSLA will exercise meaningful and proportionate shared oversight of, and accountability for, Public Health Scotland strategy, recruitment, financial management, performance and risk management. Together, they will ensure the body is provided with the necessary support and guidance to enable it to work effectively across traditional boundaries, in clusters and with external partners - for example, through the work of community planning partnerships. It will also provide reports to COSLA/local government leaders as appropriate.

11. In relation to Public Health Scotland, as with other Special Health Boards, the role of Scottish Ministers will be to:

¹ Guide to Public Bodies in Scotland. <http://www.scotland.gov.uk/Topics/Government/public-bodies/pubs/Guide%20to%20public%20bodies>

- Agree strategic aims, objectives and key targets as part of the corporate planning process;
- Appoint the Chair and members of the Board in accordance with the Commissioner for Ethical Standards in Public Life in Scotland's Code of Practice for Ministerial Appointments to Public Bodies in Scotland;
- Hold the Board to account for delivery of its responsibilities;
- Set a health and sport budget, including Special Health Board spending plans, approved by Parliament;
- Approve certain relevant appointments made by Public Health Scotland;
- Consider recommendations made to them by Public Health Scotland.

12. As with other Health Boards and Special Health Boards, Scottish Ministers will have a power of direction in relation to Public Health Scotland. Where appropriate, any direction issued would be developed in consultation with relevant stakeholders and in line with the principles of the Memorandum of Understanding between COSLA and the Scottish Government. Scottish Ministers will be ultimately accountable to Parliament for the functions and performance of Public Health Scotland, but in practical terms, we also expect COSLA to be meaningfully involved in all strategic decision-making and performance monitoring for the body.

13. It will be vital that Scottish Ministers, COSLA and Public Health Scotland work together as effectively as possible. Joint strategic business planning should be the norm, including the joint identification of risks and joint planning for delivery. In practical terms, sufficient time must be invested to develop and maintain positive relationships characterised by openness, trust, respect and mutual support. The complementary roles and responsibilities of Ministers, COSLA, the Chief Executive of NHS Scotland, the Public Health Scotland Board and Government officials will need to be actively built upon to support positive, practical working relationships. Strategic policy choices should be underpinned by high quality advice, evidence and analysis, with risks and opportunities managed proactively.

14. Responsibility for local strategic planning, service provision and delivery of public health outcomes will be retained collectively within the locality with partners following the established lines of accountability within their respective organisations for the achievement of these.

15. A number of public sector bodies already have responsibilities directly related to public health – in particular, local authorities, health boards and Integration Authorities. We do not propose to duplicate or cross over any established lines of accountability for community planning partnerships, Integration Authorities, local authorities, NHS Boards and other partners who come together locally in order to effect improved outcomes for public health.

16. Public health is not a self-contained subject. Public health improvement is possible by progress against a wide range of outcomes, such as an inclusive and sustainable economy, employability, and personal and community resilience. In turn, action on these wider ambitions can contribute to positive public health outcomes. As a result, many public sector organisations have valuable contributions to offer to improving public health through the way they promote other positive outcomes. Local partnership working provides the space in which bodies can work together towards these mutually supporting goals.

Individual Organisations

17. Local partners already have responsibility for the local strategic and operational planning, design and delivery of services for the public's health to reflect local need and in accordance with statutory requirements, the Public Health Priorities and relevant National Outcomes. They will continue to fulfil these responsibilities, working in partnership within locally agreed planning arrangements. This will typically include community planning and integrated health and social care arrangements.

18. As part of its general functions, Public Health Scotland will provide a national overview of local partnership delivery plans and annual reports in relation to improving and protecting the public's health. Public Health Scotland will make recommendations to Scottish Ministers, COSLA and to relevant local government elected members, as appropriate, on any improvements that may be advisable based on its analysis and findings.

19. In this context, the body will consider what best practice could be extended further, whether services could be better designed, or whether collective areas of concern exist, why they exist, what barriers to improvement there may be and advise as to how these may be addressed.

20. As a further part of this process, Public Health Scotland will also consider the broader contribution of national organisations with public health related functions. It is expected that those organisations with a clear and obvious local interest will already contribute to the work of community planning partnerships and that their contributions will be evidenced in local plans and reports.

21. In discharging its assurance and improvement functions, it may become evident to Public Health Scotland that targeted support could be beneficial for individual partnerships or organisations. This may include:

- Specific dialogue between the national body, local partnerships and relevant organisations regarding ways to support the improvement required;
- Enabling benchmarking, sharing best practice, driving improvement in partnership standards and workforce development for public health and facilitating closer engagement between local partnerships;
- Raising awareness of any potential systemic issues and opportunities which exist to drive improvements, recommending solutions as appropriate;
- Encouraging and, where appropriate, supporting any local review systems;
- Embedding Public Health Scotland staff at local level to support this activity as appropriate.

22. Public Health Scotland may recommend potential further actions. These may include the offer of support from, or arranged by, Public Health Scotland and the potential for specific multi-agency action. Local partnerships will be fully involved in the discussions as to any action required. We recognise the importance of community planning reflecting local needs, with plans and operating arrangements shaped around local priorities and operating preferences.

23. In building their relationship with Public Health Scotland, public health partners will be invited to:

- Comment on a draft of Public Health Scotland's strategic plan;
- Make proposals on how to improve performance both locally and across the sector;

- Propose services which should or could be organised nationally via Public Health Scotland or on a pan-Scotland basis;
- Propose ideas for innovation, research, joint learning and workforce development at a national or pan-Scotland basis.

24. Public Health Scotland's main focus will be on driving improved outcomes for the public's health and wellbeing, both nationally and locally.

The relationship between Public Health Scotland and Health Boards

25. There is already a solid foundation for Public Health Scotland to build on in terms of close public health engagement with NHS Boards, which will remain critical to the delivery of public health goals, in particular in reducing risks and in prevention. Boards are already working to provide care that is appropriate, realistic and person-centred, with a greater emphasis on prevention, early intervention and supporting people to be more self-resilient. They will continue to be supported by the public health expertise provided by the new body.

26. Locally, each territorial Health Board has a Public Health Department and a Director of Public Health. Local public health teams work hard to maintain an integrated public health function which both responds to incidents day or night and provides a strategic approach to health promotion, reducing inequalities and supporting health service re-design and improvement. The programmes of work developed within NHS Boards continue to use a range of public health interventions across communities. Public Health Scotland will support them in developing multi-faceted approaches which target those most in need and in responding to emerging health problems and new diseases. It will work closely with Directors of Public Health to determine the overall vision and objectives for public health both within local Health Boards and national Health Boards. National health organisations, including NHS National Services Scotland, NHS Education Scotland, NHS 24 and Healthcare Improvement Scotland, have a significant contribution to make to improving and protecting population health and wellbeing and will be expected to participate and contribute in a manner which is appropriate to their role and meaningful to the local partnership and community area.

27. Public Health Scotland will continue to have a role in relation to many activities undertaken by or in partnership with the NHS – such as supporting delivery of national vaccination programmes, supporting health service intelligence and work to improve health services at the population level. However the role of Public Health Scotland will also evolve in new ways. The body will provide support for healthcare public health activities such as advice on service risks, service developments and redesign work, strategic needs assessment and strategic planning of services. Public Health Scotland will connect systematically with Health Board partners to establish strategic relationships, strengthen partnership working, facilitate a two-way conduit of information flow, and identify new public health issues and priorities emerging for the boards, including public health workforce/educational themes. The Public Health Scotland planning process will have a strong relationship with this engagement process, by ensuring that key board priorities are translated into Public Health Scotland activity, and are subsequently articulated into the body's Strategic and Corporate Plans. We would expect Health Boards to outline areas of public health work where they would like to see further support from Public Health Scotland in future. There will be a focus on an integrated approach – working as effectively and collaboratively as possible with Health Board contacts, to help improve internal and external communications, sharing of knowledge and information flow. This approach will help take forward the expanding range of increasingly multi-professional and multi-agency public health work, improving efficiency and creating synergies and benefits from working together in partnership.

28. The Local Delivery Plan (LDP) is the delivery contract between Scottish Government and NHS Boards in Scotland. It provides assurance and underpins NHS Board Annual Reviews. LDPs focus on the priorities for the NHS in Scotland and support delivery of the Scottish Government's National Performance Framework, the Health and Social Care outcomes that are being developed in partnership, and the 2020 vision for high quality and sustainable health and social care.

29. The LDP brings together:

- An appraisal of the Board's strategic position and context.
- Principles established to frame the development of their plans for the year to ensure decisions which are coherent with strategic direction and priorities.
- An appraisal of the detailed service and financial planning underway to deliver the plan and an outline of service and financial risks and challenges.

30. Health Boards now share responsibility for strategic planning with the relevant Integration Authorities in their area. The LDP will set out local priorities for how they will address specific areas such as health inequalities and improving prevention work based on the needs of their local population and own workforce. It will indicate how the Board will continue to strengthen their approach to community planning through both their contribution to integration and how they demonstrate leadership within the broader community planning partnership. Health Boards will also engage with Councils to establish wider relationships for community planning across the NHS system

The relationship between Public Health Scotland and Local Government

31. Public health has long been a key concern for local government, with councils' provision of local services and shared leadership of community planning partnerships being vital to the protection, promotion and improvement of the public's health and wellbeing. Working together, local authorities and NHS Boards jointly agree health protection (communicable disease and environmental health) priorities, provision and preparedness. Local authorities have a range of duties and powers which they may invoke to protect the public's health during an incident.

32. Local services working in partnership and alongside residents can be more effective in responding to complex needs. Since local authorities hold many of the levers for improving and protecting health and wellbeing it is vital for Public Health Scotland to work closely in partnership with them. Local authorities understand the crucial importance of the environment within which people live, work and play, the housing they live in, the green spaces around them, and their opportunities for work and leisure. They are well placed to promote innovation, trying new ways to tackle difficult public health problems. They also have considerable expertise in building and sustaining strong relationships with local citizens and service users through community and public involvement arrangements.

33. Local authority leaders are accountable to their electorate for the outcomes achieved by the local authority. They will work with local partners to respond to matters raised locally relating to the work of their community planning partnership and also assess and respond appropriately to any recommendations from Public Health Scotland. Through COSLA, they will reach any necessary collective agreements with the Scottish Government. We will expect local authorities to contribute to the development of the Public Health Scotland programme planning and comment on its implementation and delivery.

34. The new body will support a fully integrated public health function in local government at both strategic and delivery levels. Local authorities can directly influence town planning, employment opportunities, social support, transport, education and housing, so Public Health Scotland will need to work closely with them to ensure the impact on health and wellbeing is a positive one. This means supporting them in public health policy making, prioritisation, targeting and scrutiny for positive health and wellbeing outcomes.

35. Local government planning takes place as part of a robust strategic framework that connects the strategic vision of the Council and its partners to the detailed plans that guide the delivery of their frontline services. This framework ensures that all Council plans and strategies are driven by and focused towards the delivery of a single shared vision for the area and its services. This means a long-term vision for the local area, shared by the Council, its partners, and our citizens. Community Plans and Local Development Plans describe the multi-agency, partnership work of the Council and other agencies to deliver the vision and outcomes across the local authority area. Locality Improvement Plans describe multi-agency, community based approaches to improve service delivery and reduce inequality. This planning work includes commitments aimed at delivering a healthier local population such as work with Integration Joint Boards on prevention and early intervention strategies; increasing access to sport and leisure facilities; and tackling food poverty.

The relationship between Public Health Scotland and Integration Authorities

36. Integration Authorities provide for efficient joint working, strategic planning and oversight of the performance of the delegated health and social care functions in their area. Appropriate links will be made between the Integration Authorities and Public Health Scotland. The new body will support them to plan and deliver evidence-based work that effectively brings together national and local public health capacity.

37. Each Integration Authority is responsible for ensuring the health and social care needs of vulnerable adults are met, as well as the health and social care needs of children where there is local agreement to include children's services in the partnership arrangement. They are accountable to the local authority and to the Health Board for how they undertake these responsibilities. Public Health Scotland will work with the Integration Authorities to ensure that they understand the role and responsibilities of the new body. The new body will position itself to be able to respond to their public health needs as they emerge. It will support the development of health and social care integration in this regard and also in relation to any specific projects related to the Public Health Priorities. It will help Integration Authorities develop their strategic plans in relation to public health matters and support collaborative team working across sectors. Engagement will be used as a means to identify pressing public health and associated workforce issues, which can be fed into Public Health Scotland's own planning processes.

38. Integration Authorities produce strategic plans that set out how their partnership will provide services over the coming years. They are updated each year to take account of changing needs and to take advantage of new opportunities to redesign services as they arise. They also consider issues and planned service developments in their localities, with a particular focus on those communities with high levels of deprivation. Underlying the vision and the key objectives of the strategic plan, there is generally a firm commitment to the principles of reducing inequalities, promoting opportunities and eliminating discrimination.

39. Integration Authorities work to develop a detailed understanding of the varying needs and assets of each community. As policies and programmes are developed as part of the strategic planning process, they are expected to actively consider any potential impact on health inequalities and report

on steps that will be taken to reduce these. For example, they will look to support people to develop confidence in self-management, coping with their long-term conditions and leading a healthy lifestyle.

The relationship between Public Health Scotland and Third Sector organisations

40. The third sector will also be a vital partner for Public Health Scotland in putting prevention at the heart of health and care services, and supporting local communities to take a greater role in promoting health and wellbeing. It is essential that the skills and capacities of the third sector are recognised, supported and included in planning and delivery processes. Public Health Scotland will need to have a clear awareness of the extensive contribution that third sector organisations can bring to health and wellbeing development and delivery. Third Sector Interfaces will have a key role to play as a conduit to the third sector.

41. Third sector organisations have distinct features and attributes such as skill in working with communities and people facing health inequalities. This can mean a greater proximity to and trust with these communities and user groups. They can be flexible, innovative and more able to take risks. Public Health Scotland will ensure that third sector organisations are fully involved in all aspects of strategic planning and will promote the role of the third sector in local delivery. It will support third sector organisations with a public health interest to provide flexible and diverse services, reaching and benefitting communities that can sometimes be distanced from statutory services.

Organisations Working in Partnership

Community Planning Partnerships

42. The Community Empowerment (Scotland) Act 2015 introduced a statutory purpose for community planning, which is about how public services work together and with communities to improve outcomes and tackle inequalities on an agreed set of locally determined priorities. The Act placed specific duties on "community planning partners" (who are listed in the 2015 Act), linked to improving outcomes, the aim of which is to ensure that all public service organisations which can help the community planning partnership fulfil its core duties take that responsibility as seriously as their other statutory functions and duties, and that their governance and accountability arrangements reinforce that. These duties include:

- working collaboratively with other partners in carrying out community planning;
- taking account of the local outcomes improvement plan (LOIP) and locality plans for communities experiencing particularly high levels of disadvantage in carrying out its own functions;
- contributing such funds, staff and other resources as the Community Planning Partnership considers appropriate to improve local outcomes in the LOIP;
- securing the participation of community bodies in community planning.

43. While community planning partnerships are not required to pursue nationally set priorities, on public health or any other theme, in practice community planning provides a highly important vehicle for driving local public health ambitions. Many of the local outcomes that community planning partnerships frequently prioritise in their LOIPs directly relate to aspects of public health: for example, improving physical and mental health; reducing inequalities in physical and mental health; a more active community; a safer community; reducing alcohol and drug misuse.

44. Other local priorities commonly featuring in LOIPs cover broader themes that inter-connect in some way with public health. Examples include: improving economic prosperity; more resilient communities; giving young people the best start in life; reducing child poverty; improving availability and quality of affordable and other housing.

45. There is no standard approach as to how community planning partnerships operate - they operate in different ways and at a range of different levels to meet local needs and circumstances. Most community planning partnerships tend to have a high-level strategic Board, with some community planning partnerships delegating most decision-making and review responsibility to a management group of senior executive officers. A range of executive/thematic/partnership and area/neighbourhood based groups come under the umbrella of the Community Planning Partnership.

46. Given its core leadership and delivery role in improving and protecting the public's health and wellbeing and reducing health inequalities, we intend to add Public Health Scotland to the list of statutory community planning partners in the Act. Community planning partners, both statutory and non-statutory, provide the strong shared leadership required for community planning.

47. As a proposed member of the Community Planning Partnership, Public Health Scotland will contribute to managing related performance and improvement and should be able to demonstrate it is making a measurable difference to the collective effort of reducing inequalities in outcomes, applying preventative approaches and using all resources available to get the maximum benefit for local communities. In particular, Public Health Scotland will contribute towards shared leadership in relation to local public health matters, supporting an ambitious local vision for public health and identifying related targets and performance measurement for community planning and driving progress towards these.

Regional Economic Partnerships

48. Regional Economic Partnerships are being developed across Scotland in order to drive inclusive economic growth. Making the transition to a more productive economy and inclusive society requires an understanding of issues and drivers of growth and inclusion at all levels, including regionally. In these self-defining Regional Economic Partnership areas, local authorities work in collaboration with partners in the private sector, education and skills, our economic development agencies and the third sector to develop a more holistic approach to economic development. Regional Economic Partnership working can provide a sharper focus on alignment of the resources, actions and priorities of the partners, which supports and maximises regional and local economic development opportunities. Consideration of common public health challenges and opportunities within the regional economic area will be crucial to identifying priority activities that will deliver inclusive growth and potentially improve health and wellbeing through lower poverty levels and more equal income and wealth distribution. The establishment of regional economic partnerships has been supported by local partners in the public and private spheres, who recognise the opportunities that come in working across boundaries, and it is also supported by Scottish Government agencies, building on their Community Planning Partnership contributions. Public Health Scotland will potentially be able to contribute to inclusive economic growth in a wide variety of ways, from driving improvement in the health and wellbeing of the workforce to training, innovation, scientific support across sectors and promoting Scottish capability overseas.

Other local partnership arrangements

49. Beyond community planning partnerships and Regional Economic Partnerships, there is a wide range of statutory and non-statutory partnerships and cross-cutting delivery groups which have a significant contribution to make in local public health arrangements throughout Scotland, bringing consistency whilst supporting local needs and circumstances. For example, this may include Community Safety Partnerships, Domestic and Sexual Abuse Partnerships, Alcohol and Drug Partnerships, Housing Partnerships, Early Years Strategy Groups and Economic Partnerships.

50. Local partners may also choose to develop different models of partnership working to address local or regional public health needs and priorities in ways they consider best reflect local circumstances, and we welcome this flexibility. Building on the experiences, structures and learning from existing partnerships with a public health interest, these self-assembled local or regional partnerships could be tailored to the bespoke requirements of the area in question. So, partners might set up a separate partnership structure for these purposes, or build on existing arrangements. In particular, partners might agree to use local community planning operations as a vehicle that supports partnership working for these purposes, even where the scope of this work goes beyond a community planning partnership's own priorities set out in its LOIP and locality plans.

51. We expect public sector bodies to promote and use local partnership arrangements to identify and pursue public health issues relevant to them. They can all provide unique and valuable contributions. However, we recognise that the capacity of certain bodies may be limited. Such national and regional bodies will have to balance the contribution they make locally with their national or regional obligations. Partnerships on a cluster basis may be one way of achieving better public health outcomes. Any such partnerships would have to recognise that individual local authorities may have different needs and circumstances.

52. How local partners work together within these partnerships, for the planning and delivery of services for the public's health and improving associated outcomes, is at local discretion. Local partners within partnerships will use the National Performance Framework and Public Health Priorities to help guide their strategic plans for public health in their area.

53. The Scottish Government and COSLA, with input from key partners and stakeholders, will consider what additional guidance is necessary for local partners and partnerships to support them in developing their arrangements for public health. This guidance will complement existing legislation and accompanying guidance such as the Local Government in Scotland Act 2003 and the Community Empowerment (Scotland) Act 2015. It may, for example, highlight various relevant partners and existing partnership groups which should be included in the consideration of local needs and circumstances and related planning and delivery of services for the public's health.

54. Public Health Scotland can help ensure that local partners tailor their plans, products and services to local public health needs and work constructively with relevant partnerships. Sharing of best practice and promoting the benefits of the various partnerships will encourage a deepening of partnership working. We want to foster a collaborative environment across partnerships by building inclusive networks with the common aim of improving and protecting the public's health and wellbeing. Supporting the delivery of the cultural change that is necessary to integrate the approaches of all these bodies and partnerships properly will of course need time: both in terms of learning how to use the mechanisms available; and in helping to break down organisational barriers to become more effective collaborators.

55. In summary, Scottish Government and COSLA have an expectation that relevant non-statutory providers of services that lead to improved outcomes for the public's health will also be fully and

appropriately involved in the planning and decision-making within the local partnership arrangements.

Involving Communities

56. However local public health priorities are taken forward, meaningful and committed participation with communities should be integral to it. For instance, community participation lies at the heart of the purpose of community planning. Part 2 of the Community Empowerment (Scotland) Act 2015 requires a defined set of public sector bodies to work together *and with community groups*, to improve outcomes and reduce inequalities on an agreed set of local priorities. The value of community involvement applies to all aspects of community planning – from understanding local needs and circumstances; to identifying local priorities; to deciding what action to take to deliver on those priorities; and to reviewing and reporting on progress made.

57. Part 3 of the 2015 Act introduces rights for community bodies to seek to influence the decisions and actions of public sector bodies in their own activity. The Act states that a “community participation body” (defined in section 20 of the 2015 Act as a “community- controlled body” (defined in section 19 of the 2015 Act), a community group (the criteria for which are set out in section 22(2)(d) of the 2015 Act), a community council, or a body designated by an order of the Scottish Ministers) may make a request to a “public service authority” to permit the body to participate in an “outcome improvement process” (defined in section 22(7) of the 2015 Act). A “public service authority” is defined in section 21 of the 2015 Act as either a person listed (or of a description listed) in schedule 2 of the 2015 Act or a person designated as a public service authority or within a class of persons designated as a public service authority by an order of the Scottish Ministers. In general terms participation requests are intended to provide opportunities for communities to pro-actively be involved in improving outcomes. They can be used to help people start a dialogue; help them contribute to decision-making processes, service change or improvement; and help people seek support for alternatives which improve outcomes. We would propose to add Public Health Scotland to the list of public service authorities in schedule 2 of the 2015 Act to allow communities to tap into their expertise and influence decision-making and service design.

The Third Sector

58. Third sector organisations are a vital resource for providing a voice and support for local communities, and for creating a bridge between these communities and public sector bodies.

59. Third sector bodies have a well-defined and important role in contributing to health and social care integration. The Public Bodies (Joint Working) (Scotland) Act 2014 placed a statutory responsibility upon Health Boards, local authorities and Integration Authorities to actively involve the third sector in the planning and design of integrated health and social care services. Third Sector interfaces (“TSIs”) play an important role in the third sector landscape. They are a central source of knowledge regarding local and national policy and understand the third sector’s ability to contribute to local outcomes and national strategies, including in Health and Social Care. Building on the work of TSIs to provide a catalyst to the Scottish Government’s ambitions for the third sector to play a greater role in public service reform, TSIs are positioned to act as the conduit for the third sector in relation to integration activities.

60. TSIs also perform an essential role in building the third sector relationship with community planning. The role is supported by locally adapted arrangements developed by TSIs to engage and

involve the full range of the third sector in the area to inform their contribution to community planning. These can be a mix of geographic and thematic forums designed around local needs.

61. Health Boards, local authorities, Integration Authorities and, where appropriate, other local and regional public services, will consider how the TSIs are resourced in each partnership area to support, promote, develop and advocate the role of the third sector in the strategic planning and working arrangements of integrated partnerships.

Arrangements for planning of services under the new model

62. Public Health Scotland will work with partners to develop a transparent process for the strategic planning of services in relation to the public's health and wellbeing, building upon existing good practice. By strategic planning, we mean supporting the shared assessment of and forecast of needs, linking investment to outcomes, considering options and supporting partners to plan the nature, range and quality of future services in support of public health outcomes. Contracting and procurement procedures will support the planning process and will rest with the appropriate local or national body or bodies.

63. There may be benefits for shared services or collective and collaborative undertakings at a national, regional and local level. Organisations will be expected to work in partnership in establishing appropriate arrangements² and agreeing collective funding mechanisms where necessary. Consideration should, however, be given to lead authority arrangements and all existing partnerships and established organisations wherever possible. In establishing these arrangements, we expect there to be a focus on what works, improving outcomes, local need and Best Value.

64. Public Health Scotland will have the ability to organise pan-Scotland services, informed by input from national, regional and local strategic considerations and with the approval of Scottish Ministers, COSLA and other partners as appropriate. An example of such a service might be tailored, multi-agency services for groups at significant health risk or with complex health and social care needs. It will be open to local partnerships to request such arrangements to be put in place via Public Health Scotland.

65. In some circumstances, it may be that a new or national initiative needs to be established by Scottish Ministers to help deliver public health outcomes. Where there is an impact on local financial and planning decisions, Scottish Ministers would do this in agreement with COSLA, respecting the established procedures for the setting of the public sector budget in Scotland.

66. There will be processes in place to quality assure any services which Public Health Scotland may establish, oversee or discharge as there would be for any other collective or collaborative arrangements. Such processes will ensure that those accessing such services will have an avenue to provide comment.

Partnership delivery plans and annual reports

67. As noted above, existing partnership reporting duties will still apply, as will existing accountability mechanisms for partner bodies. Public Health Scotland will provide advice on partnership plans and reports as required in relation to public health matters. This advice may be relevant for the partnership as a whole, or for any of the local partners.

² Example may be: the establishment of a national framework contract via a lead authority or existing organisation against which local partners may call off services.

68. Guidance will be developed on how local authorities and other statutory partners can best collect and share the data required to allow them to assess need and to evidence outcomes for the public's health and wellbeing.

69. The establishment of Public Health Scotland will not affect existing local authority duties to protect public health in the community as set out under the Public Health etc. (Scotland) Act 2008. In this context, "protecting public health" means the protection of the community (or any part of the community) from infectious diseases; contamination; or other such hazards which constitute a danger to human health.

Information governance

1. Establishing Public Health Scotland will require the transfer of significant data responsibilities related to health information, health intelligence, statistical services and advice that supports the NHS in progressing quality improvement in health and social care and facilitates robust planning and decision making. Public Health Scotland will have to comply with all relevant legislation and put in place policies, procedures and data sharing agreements as per the predecessor bodies, ensuring that any relevant data collected and stored by Public Health Scotland complies with the required legislation, and data collected and stored by other parties can continue to be accessed and processed effectively. This includes meeting requirements for Data Protection Impact Assessments, relevant training and data processor arrangements.

2. Public Health Scotland will be a knowledge based and intelligence driven organisation with a critical reliance on data and information to enable it to fulfil its statutory duties and accomplish its vision of achieving better health and wellbeing outcomes for the population. As such, it will need access to a wide range of data and information from across the whole system. The ability to effectively and efficiently identify and respond to immediate threats and longer term challenges to public health depends on it having timely and efficient access to data and information on the health and wellbeing status of the population, the wider determinants of health across populations, and the provision of health and care services to the population of Scotland.

3. Our intention is that the accessibility of the data to those who need it will be maintained and ultimately enhanced. This includes the timeliness of access as well as consideration of the fundamental confidentiality and security requirements related to the data access. Our ambition is that all parts of the system should work together to gain maximum value from data, including optimising functionality and linkages across the system, securing Best Value for the public, and translating the data into intelligence that can help improve health and wellbeing outcomes. In the short-term we want to be assured that the new body has the capacity and capability to achieve the data function transfer without any degradation of quality and performance or any impact on other core functions. The ultimate, long-term aim is to enable the effective and efficient sharing of data wherever and whenever it is required for direct clinical care, population health management, and intelligence and research.