RCPsych in Scotland response to Scottish Government Consultation on a new National Public Health body: 'Public Health Scotland'

8th July 2019

**1. Do you have any general comments on this overview of the new arrangements for public health? Give your comments below:**

The College is pleased to see that priorities such as good mental wellbeing (Priority 3), improving ACE services (Priority 2) and a reduction in the number of those with addictions (Priority 4) will be a focus for this new body. These actions are key to improving Mental and Public Health services in Scotland. Priority 2: Early Years, is also significant as we know that looking after the mental health of parents (and parents-to-be) can have a vital role in improving public health outcomes for children growing up.

**2a. What are your views on the general governance and accountability arrangements? Give your comments below:**

We are concerned that the initial proposal for Public Health Scotland does not demonstrate any mechanisms for the body to seek advice from professionals, such as The Royal College of Psychiatrists in Scotland. Given that such organisations are already engaged in preventative work in a range of public health areas, whilst improving access to good mental health services, we believe that this should be an important public health measure.

The priorities paper does not specify how professional organisations, charities and third sector organisations can feedback with questions and matters arising regarding this new potential body. This issue would need to be resolved for the sake of accountability and transparency.

2b. How can the vision for shared leadership and accountability between national and local government best be realised? Give your comments below:

3a. What are your views on the arrangements for local strategic planning and delivery of services for the public's health? Give your comments below:

3b. How can Public Health Scotland supplement or enhance these arrangements? Give your comments below:

**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? Give your comments below:**

This new body can provide quality, accurate background information to communities, whilst also inputting to inform and support community participation regarding the Public Health Scotland priorities. This will require adequate resources for the body to do so.

5a. Do you agree that Public Health Scotland should become a community planning partner under Part 2 of the Community Empowerment (Scotland) Act 2015?  Yes No Don't know

5b. 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?  Yes No Don't know

5c. Do you have any further comments? Give your comments below:


**6a. What are your views on the information governance arrangements? Give your comments below:**

As mentioned previously in question 2a, we are concerned that the initial proposal for Public Health Scotland does not demonstrate any mechanisms for the body to seek advice from professionals, such as The Royal College of Psychiatrists in Scotland. Given that such organisations are already engaged in preventative work in a range of areas, whilst improving access to good mental health services, this should be an important public health measure.

Additionally, it is unclear how professional bodies can access the information gathered by Public Health Scotland in a manner that can be utilised by these bodies for their own contributions towards improving public health in Scotland.


**6b. How might the data and intelligence function be strengthened?  Give your comments below:**

The interlinking nature of the priorities means that various groups should be involved in the collection and dissemination of data to assist Public Health Scotland with their goals. Alongside individual organisations, the Scottish Coalition on Tobacco (SCOT), the Scottish Mental Health Partnership (SMHP) and the Scottish Health Policy and Public Affairs Stakeholders Group would be examples of such collaborative groups that the College would recommend for data and intelligence gathering. The knowledge and experience of these groups will be vital for the long-term planning and intelligence gathering of public health in Scotland.


**7a. What suggestions do you have in relation to performance monitoring of the new model for public health in Scotland? Give your comments below:**

Our members feel that Public Health Scotland should have more specific targets and relevant statistics from the outset, rather than that which was proposed in the priorities document. One laudable target would be to measure and improve children's well-being. The UK falls in the middle of global rankings for children's well-being among developed countries at the time of this consultation. Scotland is not currently measured separately but could be through Public Health Scotland. The outcome indicators used by UNICEF could be valid and specific targets for such measurements. More specific targets of mental well-being could also be utilized.

**7b. What additional outcomes and performance indicators might be needed?  Give your comments below:**

The outcome indicators used by UNICEF could be valid and specific targets for such measurements for Children's Mental Health Wellbeing.

**8. What are your views on the functions to be delivered by Public Health Scotland?   Give your comments below:**

CAMHS: The priorities document would appear to recognise that good mental health during childhood is important in helping to prevent mental health problems later in life, but the references to 'early years' and 'childhood' and failure to explain what this means, gives the impression that Public Health Scotland will concentrate exclusively on preventative work during the preschool years. The Royal College of Psychiatrists in Scotland would like it to be made that mental health and wellbeing throughout the whole of childhood and adolescence is important for lifelong mental health. There is a lack of evidence that prevention during infancy or the preschool years has stronger preventative effects than those during later childhood. This misconception often seems to influence government policies which allocate a disproportionate amount of public health resource to the preschool years.

Similarly, whilst it should be welcomed that the strategy recognises the importance of fetal health in long term health, some sentiments within the early years section are illogical. For example, "By taking a whole-systems approach to childhood in the earliest years, from pre-conception onwards, we maximise the impact on our nation's future health." Our members are unclear on how childhood could start pre-conception.

**9a. What are your views on the health protection functions to be delivered by Public Health Scotland? Give your comments below:**

The section on mental health wellbeing within the priorities document is dominated by treatment of existing mental health problems and documenting the statistics illustrating the consequences of mental health problems for the nation's health. There seems to be a distinct lack of aspiration given to prevention. It should be much clearer that the most important way of preventing mental health problems in adulthood is better treatment of them in childhood and adolescence. Members of the College were pleased to see this sentence: "Over three quarters of all mental health problems have their onset before the age of 20, and childhood and adolescence are the key stages for promotion and prevention to lay the foundations for future mental wellbeing". However, it follows a sentence about social media as if it is the major cause of mental ill health in young people when in reality, Scotland faces a massive inadequacy in mental health care for young people.

9b. What more could be done to strengthen the health protection functions? Give your comments below:

10. Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland?  Yes  No Don't know If so, what should they be?

**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?  Give your comments below:**

Please see our comments for Question 6a and 6b.

12. What are your views on the proposed location for the staff and for the headquarters of Public Health Scotland?  Give your comments below:

13. Are the professional areas noted in Chapter 8 appropriate to allow the Board of Public Health Scotland to fulfil its functions?  Yes No Don't know Give your comments below:

14a. What are your views on the size and make-up of the Board? Give your comments below:

14b. How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?  Give your comments below:

 15. What are your views on the arrangements for data science and innovation?  Give your comments below:

16. What are your views on the arrangements in support of the transition process?  Give your comments below:

17a. 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? Give your comments below:

17b. If applicable, what mitigating action should be taken? Give your comments below:

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? Give your comments below: