Public Health Scotland – Analysis of Responses to the Public Consultation

Report of Findings

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Contents

Introduction

Background to the consultation

The Christie Commission Report (2011) on the future delivery of public services reported that a radical change in the design and delivery of public services was necessary, irrespective of economic challenges, to tackle the deep-rooted social problems that persist in communities across Scotland. It concluded that a cycle of deprivation and low aspiration had been allowed to persist because preventative measures had not been prioritised. Tackling these fundamental inequalities and focusing resources on preventative measures was highlighted as a key objective of public service reform, as was the streamlining of public service structures.

The Review of Public Health in Scotland (2015) subsequently identified the need for the public health function to be clearer about its priorities and delivered in a more coherent manner. The changing organisational context (including the clear emphasis on partnership and integration, and the importance of community empowerment and engagement) has implications for how public health is organised and operates. Major public health challenges such as obesity, mental health problems and inactivity, together with the persistence of health inequalities, require a concerted population health response, achieved through the organised efforts of society. They cannot be addressed through treatment alone. The evidence received by the Review Group emphasised the cost-effectiveness of preventive approaches and a wide appetite for a more active public health effort in Scotland. The review recommended that the current organisational arrangements for public health in Scotland should be reviewed and may need to be rationalised, exploring greater use of national arrangements.

In 2017, the Scottish Government and COSLA, working with a range of partners and stakeholders, engaged widely across Scotland to develop a set of Public Health Priorities for the whole system. The agreed Priorities reflect the issues we believe are most important to focus on over the next decade if we are to improve the health of the nation. The Priorities are a foundation for the systemic change needed to achieve real and tangible improvements in the nation's health and are intended to provide a focus for our collective efforts. They are inter-related and interdependent, reflecting the complexity of Scotland's health challenges and the effort needed nationally, regionally and locally to make a difference.

At national level, it was proposed that a new Special Health Board (to be called Public Health Scotland) would provide professional and strategic leadership in relation to the public's health and wellbeing in Scotland; support enhanced opportunities for innovation, research, learning and development; and provide assurance on the delivery of improved public health and wellbeing outcomes. To create a culture for health in Scotland, Public Health Scotland will need to take a whole system approach - providing leadership, supporting and collaborating with partners across sectors who impact directly on the public's health and wellbeing. The body will support local authorities, the NHS, third sector and other partners to work ever more closely together to address the social determinants of health, improving and protecting the health and wellbeing of individuals and the communities in which they live.

Under the new model, the existing bodies Health Protection Scotland (a division of NHS National Services Scotland), Information Services Division (also a division of NSS) and NHS Health Scotland (a Special Health Board) will cease to exist. Public Health Scotland will take over the relevant functions and services from 1 April 2020.

On 28 May 2019, Joe FitzPatrick MSP, the Minister for Public Health, Sport and Wellbeing, and Councillor Stuart Currie, Health and Social Care spokesperson for COSLA, launched "*A consultation on the new National Public Health Body 'Public Health Scotland'"* seeking views on the role, structure and expected functions of Public Health Scotland, with some discussion of its interface with other bodies, partnerships and statutory frameworks. The consultation closed on 8 July 2019.

Respondent Profile

A total of 185 responses were received: 151 from organisations and 34 from individual citizens. Respondents were assigned to groupings to enable analysis of any differences or commonalities across - or within - the various different types of organisations and individuals. A list of all organisations that submitted a response to the consultation and those who agreed to have their name published is included in Appendix 1. The largest organisation sub-group was the Third Sector, with 51 respondents.

Methodology

Responses to the consultation were submitted using the Scottish Government consultation platform Citizen Space, by email and by hard copy. It should be noted that the numbers responding to each question is not always the same as the numbers presented in the respondent group table. Only some of the respondents answered all of the questions; others chose to comment on the questions (or sections) of relevance to their organisation, sector or field of interest. The report indicates the number of respondents who commented on each question.

The Scottish Government Public Health Policy Team examined all comments made by respondents and noted the range of issues highlighted in responses including reasons for opinions, specific examples or explanations, alternative suggestions or other comments. Grouping these issues together into common themes allowed the Policy Team to identify whether any particular theme was specific to a particular respondent group or groups.

Analysis of responses to consultation questions

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

There were 164 responses to this question.

The high response rate was probably due to the framing of the question which allowed for broad views on the whole consultation and not just the particular section/chapter the question relates to.

Only a small number of respondents were against the establishment of a new public health body, Public Health Scotland (PHS). The majority support the creation of the new body and the proposed arrangements outlined in the consultation document. Respondents also recognise the important contribution PHS can make as part of a whole system approach to public health.

The proposed model of shared leadership and shared accountability was also welcomed. Most of the respondents are content with the design principles set out and, whilst acknowledging the importance of establishing a new 'culture' around health and wellbeing, many sought clarity around the specific role PHS will play – especially at local level - to achieve a culture for health. A few respondents suggested that the new body should also learn from international approaches to public health.

There was a recurring view about the lack of detail describing the main function of PHS and the underpinning arrangements between national and local public health. Some respondents highlighted that more information was required on the new body's actual role in relation to local public health and community planning. Clear lines of accountability and governance are considered crucial to ensure there is no duplication of effort across national and local public health teams.

Most of the respondents emphasised the importance of the third sector playing a strategic role as part of the new arrangements and to be given equal partner status as local authorities. The need for direct engagement by PHS at community level was stressed: it was felt that service users need to be able to directly inform the Board of their lived experience to ensure those important insights and perspectives are considered prior to key decisions being made that will ultimately affect them. Respondents welcomed the intent to embed a human rights based approach to health and wellbeing, however, some requested further detail outlining how such rights will be mainstreamed, protected and fulfilled across the new body and its work.

Q.2a: What are your views on the general governance and accountability arrangements?

There were 132 responses to this question.

The majority of the responses were positive. Respondents welcomed or supported the proposed arrangements stating:

- *"We support the new governance and accountability arrangements which appear to be proportionate and transparent to the function of the new body."*
- *"We believe that the creation of PHS that is jointly accountable to Local and Scottish Government is the right thing to do."*
- *"The proposed governance arrangements for the new model are in line with other national bodies and the described joint approach of Scottish Ministers and COSLA is welcomed."*

There were a number of themes that emerged on the governance and accountability arrangements. These are summarised here as follows:

Clarity of roles and responsibilities

Respondents from a wide range of organisations requested clarity over the role of the new body, the roles within PHS and its responsibilities. Feedback included:

- *"The description for the role of the new body, and, its relationships with 'individual organisations' requires further clarity, before implementation."*
- *"Joint accountability can be nevertheless challenging and requires clarity in terms of governance."*
- *"Clearer proposals as to the accountability to local Councils and community planning partnerships are required."*
- *"Clarity is needed over the role of the third sector as they are an important partner in health, policy, prevention, assisting projects and communicating key messages."*

Collaboration

The proposed collaboration across organisations and sectors was widely discussed and welcomed. The importance of collaboration being inclusive of all stakeholders, recognising both local and national needs, was stressed. Feedback included:

- *"We recognise the collaboration between Convention of Scottish Local Authorities (COSLA) and Scottish Government (SG) in the overall public health reform process. We believe that the creation of PHS as an NHS Board is a pragmatic way forward."*
- *"It is just important to ensure that all partnership organisations are represented (Third sector)."*
- *"The aspiration for a whole system approach needs to be mindful of national and local priorities."*

The Board

The Board and its membership was widely raised in the responses. Proposals for broad representation (including lived experience and the third sector), shared leadership and shared accountability were emphasised throughout. Respondents felt it was important that roles and accountabilities are clear, standard recruitment processes are followed and performance is measured as part of governance. Feedback included:

- *"It is extremely positive that Public Health Scotland identify the need for the board to have a broad skill base."*
- *"The commitment to a model of shared leadership and accountability between Scottish Ministers and COSLA is welcome."*
- *"It is vital that the appointment process is fully accessible and appropriate for everyone."*

PHS' independence

Respondents are clear that maintaining independence will be key to the success of PHS. It is important that this is outlined in the detailed roles and responsibilities of the new organisation.

A number of respondents suggest that the statistical function should be clearly independent of Scottish Government and governed by the Code of Practice for Statistics. Some respondents were unclear as to the "Power of Direction" retained by Scottish Government and the potential impact on PHS' independence. Feedback included:

- *"It is important to ensure that the statistical function provided by ISD is completely independent of Scottish Ministers. Some thought may need to be given to how the independent public health functions of PHS are framed in terms of governance (and legislation)."*
- *"The stress on the independence of PHS is welcome and echoes the role of the Director of Public Health. But the later statement that Scottish Ministers retain a 'power of direction' may need to be qualified to maintain that independence."*

Potential conflict

The potential for conflict was an area of discussion. This stemmed from a need for clarity and perceived contradictions in the consultation document. PHS' independence (see above) and disagreements over budgets and policy were highlighted as potential areas for concern. Respondents considered it important that thought is given to how the commitment to partnership and the organisation's governance are reconciled if there are disagreements. Feedback included:

- *"We are disappointed that the issue of financing public health activities at both the local and national level, although briefly referred to, is not directly part of the consultation. This is perhaps one of the most important factors in ensuring a functional working relationship between local and national government, especially in relation to public health. For example, in England there is frequent public disagreement between the NHS and local and national governments in relation to how public health functions should be funded and delivered."*

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

There were 101 responses to this question.

There were a number of synergies between the responses to this question and the themes extracted from question 2a.

Clarity of roles, responsibilities and procedures

To realise the vision for shared leadership and accountability between national and local government, respondents told us that PHS must provide clarity of roles, responsibilities and operating procedures. Responses highlighted the importance of using SMART objectives aligned to national and local priorities and delivery plans. Clarity around funding was also considered important. Feedback included:

- *"Clarity of purpose and responsibilities of the different participants will be key to ensuring that the vision expressed in the consultation can be realised to greatest effect."*
- *"Good negotiations up front with clear standard operating procedures and terms of reference so that there is a clear definition of where the responsibilities and leadership lies."*
- *"Single funding stream for managing PH priorities will help align resources to PH priorities in a dedicated manner."*

Shared leadership and responsibility

The proposed approach of shared leadership, accountability and decision making was welcomed. Respondents suggested that PHS would also benefit from a joint approach to governance and performance indicators. Feedback included:

- *"Shared leadership and joint accountability are very positive steps for future public health delivery and provide an opportunity to continue to strengthen existing structures at both a local and national level."*
- *"Joint decision making based on local needs will be an essential element of sharing leadership and accountability. Using a Memorandum of Understanding (MoU) to provide clarity of roles and responsibilities would seem to be a sensible approach."*
- *"The development of joint performance indicators."*

Measuring performance

A number of respondents believe that it is important to have feedback loops and structures to monitor performance. Responses to this included:

- *"It would be important to ensure that there are effective feedback loops to ensure that national – local working relationships can be reviewed and improved regularly."*
- *"The proposals would benefit from a review process to assess effectiveness."*
- *"Single governance structure, monitoring delivery and outcomes."*

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

There were 122 responses to this question.

Third Sector representation within PHS

Several respondents welcomed and supported plans for the third sector to be a vital partner of PHS at national - not just local – level given their ability to effectively engage 'hard to reach' groups across the population and so be of significant value to PHS.

PHS as a statutory community planning partner

Several respondents were supportive of the proposal for PHS to be added to the schedule of statutory "community planning partners" in the Community Empowerment (Scotland) Act 2015. It was felt this would enable PHS to build a reputation as a trusted and impartial advocate for health improvement and protection at a local level. However, a small number of respondents were cautious of this approach noting that, in their experience, Community Planning Partnerships (CPPs) did not prioritise health and wellbeing on their agendas and so did not always allocate resources towards improving health.

There are lessons to be learned from current work underway in North Ayrshire and it was suggested that PHS could have an important role in appraising evidence of current work of CPPs within the field of public health and in the wider system. There is also a perception of public health that clearly aligns to the outcomes CPPs are aiming to achieve at a local level.

Strategic role of PHS in developing local plans

A small number of respondents would welcome the involvement of PHS in a strategic role to work with local Directors of Public Health in the creation of Local Delivery Plans and Local Outcome Improvement Plans. It was felt that this could potentially inform service design, provide consistency across Scotland and help prevent duplication. It was suggested that specific consideration should be given to remote and rural needs.

While there was broad overall support for the new body, a small number of respondents felt that the consultation didn't contain anything substantial and that it was unclear how PHS would be able to make a positive contribution.

Q.3b: How can Public Health Scotland supplement or enhance these arrangements?

There were 107 responses to this question.

Input from citizens and communities

Several respondents were keen for PHS to have direct input from citizens as well as develop strong and effective community links so that services could be developed in a way that better reflects local needs. This should involve actively listening and engaging with those with lived experience.

PHS' leadership role

Several respondents recognised that PHS will have a key leadership role and so should help to assist in the development of strategic plans and provide leadership support for whole system working across Scotland. They suggested PHS should not overcomplicate arrangements or become too bureaucratic and instead focus on working within existing arrangements, where possible.

A small number of respondents highlighted that the involvement of the local Director of Public Health, colleges and universities, planning and place organisations, Violence Against Women and Girls Partnerships, children's health and wellbeing and the generalist public health workforce should also be strengthened in the delivery of public health services.

Q.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?

There were 140 responses to this question.

Better community engagement

The majority of respondents said that positive engagement between PHS and communities would be key to better supporting their participation in decisions that affect their health and wellbeing. Several respondents were of the view that there should be a focus on changing the perception of personal responsibility and an individual's attitudes - rather than trying to change the attitudes of entire communities, which can lead to accusations of a "nanny state".

A number of respondents stressed that the views and voices of those less empowered and not traditionally heard should be treated as a priority by the new organisation. This could be demonstrated through public representation, participation and engagement built into PHS' governance structure which would help build and maintain trust between the organisation and the population.

Q.5a: Do you agree that Public Health Scotland should become a community planning partner under Part 2 of the Community Empowerment (Scotland) Act 2015?

There were 122 responses to this question.

59 per cent of all respondents agreed that PHS should become a community planning partner. Only 18 per cent disagreed and 23 per cent could not decide. Responses at organisational level show that just under 67 per cent are in favour of this proposal and 11 per cent are against it. At individual level, there are an equal number in agreement and not in agreement to the proposal – just over 37 per cent.

	Yes	No	Don't Know	Total
Organisations				
Local Authorities	12	5	3	20
National & Public Bodies	6			6
NHS	7	4	5	16
Private Companies			2	2
Professional Bodies	14	1	6	21
Third Sector	21		4	25
Total organisations	60	10	20	90
% of organisations answering	**66.67%**	**11.11%**	**22.22%**	
Total Individuals	12	12	8	32
% of individuals answering	**37.50%**	**37.50%**	**25%**	
All respondents	72	22	28	122
% of all respondents	39.13%	11.96%	15.22%	
% of all those answering	**59.02%**	**18.03%**	**22.95%**	

Those in favour expressed the view that the likely similarity in the core objectives between the new body and CPPs means that it would be sensible for PHS to become an active partner; working with others to build effective partnerships and trust, and thus avoid establishing an extra layer of governance (i.e. if it was to sit separately). Others were supportive in principle subject to further clarification on the specific role and contribution of PHS. In summary, those who supported commented that the proposal:

- *"Offers great opportunities for local arrangements to be informed by national experience and allows people who feel excluded from local priorities to have a route to raise their concerns and request involvement."*
- *"Would allow local CPPs to consider their community plans in relation to national plans and developments."*
- *"We believe that Public Health Scotland can help provide leadership and expertise to communities where resources are limited, making the most of its role to share best practice and reduce geographic variations."*

Those respondents not in favour cited the potential for over-complication or confusion of existing community planning structures that generally worked well albeit varyingly across the 32 local authority areas. Others were of the view that involvement at local level requires specific skills and significant local knowledge of communities. Some respondents felt that PHS would add more value by providing national, strategic leadership and increased support to local public health services in their engagement with CPPs, e.g. through Directors of Public Health who could instead perhaps become statutory partners. Resource-related concerns were highlighted in whether PHS would have the capacity to meet the necessary duties as a CPP and successfully engage with other local partners. Comments received on this included:

- *"If PHS is to become a statutory community planning partner and sit on each CPP, this will require significant staff resources and expertise, and will need to be reflected in PHS staff development frameworks, and resource allocation."*
- *"Although PHS would add value to the work of community planning partnerships in improving outcomes for the residents in each area, we feel that legislation may inadvertently impact on those relationships PHS is seeking to build. It is our view that legislation may increase partner expectations of what realistically PHS can offer in practical terms across all 32 Community Planning Partnerships."*

Q.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?

There were 121 responses to this question.

65 per cent of all respondents supported PHS becoming a public service authority. At organisational level, 73 per cent agreed with this proposal and only 7 per cent were opposed to it. There were no recorded objections by National & Public Bodies, Private Companies or Third Sector organisations. 44 per cent of responses from individual citizens were in agreement with the proposal.

	Yes	No	Don't Know	Total
Organisations				
Local Authorities	17	3	2	22
National & Public Bodies	4		1	5
NHS	10	1	6	17
Private Companies	2			2
Professional Bodies	12	2	6	20
Third Sector	20		3	23
Total organisations	65	6	18	89
% of organisations answering	**73.04%**	**6.74%**	**20.22%**	
Total Individuals	14	12	6	32
% of individuals answering	**43.75%**	**37.50%**	**18.75%**	
All respondents	79	18	24	121
% of all respondents	42.93%	9.78%	13.05%	
% of all those answering	**65.29%**	**14.88%**	**19.83%**	

Most respondents were in support of PHS becoming a Public Service Authority as highlighted in the following comments:

- *"Inclusion of Public Health Scotland as a public service authority would be in line with other national / special health boards."*
- *"This would seem sensible, as it would allow communities to tap into (Public Health) expertise and influence decision making and service design".*
- *"Yes, we agree that Public Health Scotland should be subject to Participation Requests as these can form a useful 'backstop' option for community bodies when conventional routes to participation are perhaps not working for them."*

Although supportive, some respondents felt more information was required to show how this would work in practice and that the roles of national and local partners should be clarified.

Q.6a: What are your views on the information governance arrangements?

There were 104 responses to this question.

A few respondents expressed that there should be a thorough review of existing information governance arrangements to ascertain whether they are fit for purpose. One respondent in particular suggested that the information governance arrangements for PHS should be based on the NHS National Services Scotland model of information governance.

Respondents also said that PHS should ensure compliance with all data protection legislation and put in place policies, procedures and agreements, similar to the ones in the predecessor bodies, to help ensure that all data can continue to be accessed and processed as timely and efficiently as possible.

<u>Access to information and data transfer risk</u>

Several respondents noted that the new organisation should have access to all of the information that it needs in order to be able to make informed decisions and recommendations (with data being as 'open source' as possible within GDPR requirements).

A small number of respondents were keen to highlight that care should be exercised when transferring data from the existing organisations to PHS, with one respondent suggesting that the Information Commissioner's Office should be informed about the plan to transfer data across to PHS.

A small number of respondents noted that the Caldicott Guardian role should remain a local role as the ultimate accountability for local data, where it is generated. However, it was noted that the interface between local and national Caldicott Guardians would need to be addressed in the light of the creation of PHS.

Q.6b: How might the data and intelligence function be strengthened?

There were 103 responses to this question.

A small number of respondents were of the view that we need to think differently about what was meant by “best evidence”, particularly in relation to public health. It is right to value quantitative evidence highly but qualitative data is also important.

Resourcing the data and intelligence function

A small number of respondents stressed the importance of ensuring that PHS is adequately resourced from the outset to deal with the significant (and ever-increasing) amounts of data and information it will require to manage. This would help to ensure that there is no negative impact on service delivery.

Several respondents noted that PHS should lead the way in promoting uniform data standards across the system to make data sharing easier, and that everyone should use the same formats, databases and communication points, where possible.

Q.7a: What suggestions do you have in relation to performance monitoring of the new model for public health in Scotland?

There were 113 responses to this question.

A few respondents noted that the performance of public bodies is overseen by other public bodies and that consideration should be given to the possibility of using independent evaluation to monitor the relevant functions of the organisation from the perspective of those benefitting from, or using, a service provided by PHS. This independent evaluation service should have the power to report directly to the Scottish Parliament on performance matters.

Suggested performance monitoring frameworks for PHS

Several respondents noted that performance monitoring should be driven by the refreshed National Performance Framework (NPF) – at least in the long term - and that it was essential for PHS to demonstrate how it would contribute to the NPF and its related National Outcomes. In the short term, performance could be monitored against outcomes linked to the Public Health Priorities for Scotland. Another suggestion was to try and measure the success of PHS in supporting the whole system in setting up partnerships, supporting local authorities and supporting CPPs. Other respondents said that there should be human rights and child poverty related measurements too.

A small number of respondents were of the view that performance monitoring should be kept as simple as possible as there is a risk of over-monitoring. They were concerned that staff will require a lot of time to prepare for onerous reporting arrangements and that time could, in their view, be better spent on other more important things.

Q.7b: What additional outcomes and performance indicators might be needed?

There were 90 responses to this question.

Several respondents noted that there should be a review of existing outcomes and performance measures before we rush to add any new outcomes and indicators to existing sets, in order to avoid duplication. This is especially important given the potential likely increase which will flow from the announced adoption of the UN Sustainable Development Goals and the incorporation of more international human rights obligations into Scots Law.

Suggested new outcomes and performance indicators for PHS

Respondents advised that the suite of measures should include an inequalities focus, with diet, drug and alcohol education related outcomes, and a measurement of progress against the Public Health Priorities. There was no agreement on whether the inequalities focus should apply to all or just some of the indicators. Several respondents were keen that we assess value for money in key public health interventions along with the added value that PHS could bring to partnerships.

In terms of new outcomes and performance indicators, many respondents noted that consideration should be given to how successful PHS is in engaging and supporting communities of place and interest, the third sector and other statutory community planning bodies. Several respondents highlighted that they would like to see additional outcomes and performance indicators to measure how the work of PHS will support specific groups. For example, around end of life, violence against women and girls, human rights, liberty and freedom, children and other equalities issues.

Other potential long-term performance indicators suggested included measurement of 'happiness', a net decline in demand for NHS clinical services, or assessing the efficacy of current public health campaigns on future rates of health inequalities.

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

There were 134 responses to this question.

The majority of the responses were positive. Respondents commented that they welcomed or supported arrangements. Key themes are summarised as follows:-

Functions and focus are appropriate

The majority of the respondents believed that the functions were appropriate. Feedback included:

- *"We would agree with the functions described."*
- *"We would agree that the functions outlined are appropriate and are particularly pleased to see the emphasis on leadership in relation to research,*

data science and innovation. That's about being brave and focusing on People."

- *"This seems sensible and we would support the approach taken."*

Overly bureaucratic and wasteful

A small number of respondents felt that the PHS may be overly bureaucratic and wasteful. Feedback included:

- *"Work already covered by other bodies. If it saves money for patient care then it's a good thing. If not then I do not see the point of creating another layer of management."*
- *"This is just another tier of management which puts more of a burden on the Public Purse"*
- *"There seems to be an awful lot here and much of it dependent on good partnership working and sharing of data. There seems to be a lot of opportunity for duplication of roles and remits if the correct protocols and processes are not in place."*

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

There were 85 responses to this question.

Functions are appropriate

A substantial number of respondents said that the proposed health protection functions were appropriate. The majority of the remaining comments asked for an additional function to be added. Feedback included the following comments:

- *"The list of health protection functions looks comprehensive."*
- *"The functions are appropriate and needed and the focus on prevention is welcome."*
- *"Supportive of the functions proposed to be delivered by Public Health Scotland."*

Functions are not required in a new body

A few respondents said that health protection functions are not needed in a new public health body. Some specified that this was because arrangements were already in place or wider NHS change was needed instead. However, a rationale was not always provided. Feedback included:

- *"There are already robust joint health protection arrangements in place in the North of Scotland, with close working between NHS and Environmental Health services. The Scottish Health Protection Network is a valued resource and should continue."*
- *"Needs a fully integral model of care in a new NHS not another public health body add on."*
- *"No need for it."*

Focus required on communication

A number of respondents stated that there should be a communications function/strategy to disseminate key heath protection messages to the public and to potentially provide material. Feedback included:

- *"We believe this directorate needs their own communication channels to the population so that it can make rapid assessments and gain real-time feedback on the ground."*
- *"PHS should engage at a national level with stakeholders who are able to assist in dissemination of health protection messaging and delivery of health protection services to find the most effective and impactful route to target audiences/patient groups."*
- *"Will PHS be responsible for providing information materials about e.g. immunisation to the general public?"*

Q.9b: What more could be done to strengthen the health protection functions?

There were 77 responses to this question.

Focus on partnerships

It is important that PHS establishes and maintains relationships with partner organisations. These will help to strengthen health protection functions by providing expertise and access to networks. These relationships will be particularly important in the early stages. Feedback included:

- *"Learn from those partners that already play a key role and identify any potential gaps at an early stage."*
- *"Perhaps recognition of where expertise exists locally and to strengthen shared responsibilities, governance and monitoring in these situations."*
- *"Public Health Scotland could actively develop and maintain relations with relevant agencies, for example national third sector organisations."*

Enhance the resilience of out of hours services

Respondents would like PHS to support sustainable, robust and resilient out of hours and on-call services. Feedback included:

- *"One of the most pressing needs is sustainable means of covering out of hours needs, particularly for smaller Boards."*
- *"PHS should work with local/regional teams to provide a more robust national tier of support for out-of-hours incidents."*
- *"The reorganisation of the health protection on-call function across Scotland to increase resilience is still awaited."*

Q.10: Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland?

There were 102 responses to this question.

A narrow majority (52 per cent) of those who responded were in agreement that new senior executive leadership roles would be appropriate as proposed in the consultation. Of the organisations that responded, nearly two-thirds of them are in favour of the proposal with less than 3 per cent opposed.

	Yes	No	Don't Know	Total
Organisations				
Local Authorities	9	1	7	17
National & Public Bodies	1		3	4
NHS	13		3	16
Private Companies			2	2
Professional Bodies	13		5	18
Third Sector	12	1	5	18
Total organisations	48	2	25	75
% of organisations answering	**64.00%**	**2.67%**	**33.33%**	
Total Individuals	5	13	9	27
% of individuals answering	**18.52%**	**48.15%**	**33.33%**	
All respondents	53	15	34	102
% of all respondents	28.80%	8.15%	18.48%	
% of all those answering	**51.96%**	**14.71%**	**33.33%**	

Feedback included:

- *"It is paramount that senior roles are established within Public Health Scotland to give the new Body the influence that will be necessary for the Body's recommendations to be carefully considered by Scottish Government and other senior stakeholders."*
- *"Having a Board which will hold to account the Chief Executive and Executive Team of Public Health Scotland will ensure that the body is able to maintain its key functions."*
- *"There is an opportunity to demonstrate a new way of working between local and national requirements through PHS having a Director with the resources and responsibility for working as a bridge between local and national Public Health outcomes and supporting the community empowerment and participation requirements of PHS alongside local Directors of Public Health and community planning partners and local communities."*

<u>Senior appointments</u>

Among the senior leadership appointments, the most common duties that were recommended were in the areas of:

- Data Collection & Innovation
- Public Health Improvement/Development
- Health Protection
- Medical Director
- Accountability

Specialist appointments were also proposed in areas such as:

- Nursing
- Pharmacy
- Dentistry
- Corporate Services

Q.11: What other suggestions do you have for the organisational structure for PHS to allow it to fulfil its functions as noted in chapter 5?

There were 83 responses to this question.

Leadership and collaboration

The majority of respondents were of the view that PHS has an important, visible leadership role to play to ensure effective cooperation and partnership working, especially at local level. Respondents felt the focus of PHS should be to enable and support capacity building - as opposed to having direct lines of responsibility. For instance, building links with established local networks especially for access to local population data, as well as to coordinate health improvement campaigns and maintain partnerships that help to have a strategic and operational impact. The future relationship with the Directors of Public Health was also raised, again, as an important consideration.

Shared outcomes

Many respondents emphasised the need for shared outcomes across the whole system with performance measures that would be able to reflect that. This would require strong leadership as well as expertise and capacity at local level. A notable view expressed was the importance of using the Public Health Priorities as the basis for developing the priorities of the new body, as part of an outcomes-focused approach. It was felt that this could also help to prevent embedding current, often unhelpful, ways of working of public health professionals which is based on the three domains of public health.

Operational structure and diversity

Some respondents were of the view that the organisational structure should be one that adds value through focusing on creating better synergy with others and common business planning processes, in order to help secure enhanced efficiency and effectiveness. It was also felt that the organisation needs to be dynamic and flexible to be able to adapt and meet changing demands.

The importance of diversity within the Board was highlighted by some – both in terms of the make-up of the Board membership and members' views.

Members' roles should seek to incorporate key skills associated with partnership working, engagement, community development and participation, as well as an appreciation of the challenges associated with joint resourcing, effective leadership,

data and business intelligence. It was felt that the Board must be able to enable and empower a network of multidisciplinary teams if it is going to be effective.

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

There were 97 responses to this question.

The majority of respondents were in favour of PHS continuing to operate from Gyleview House and Meridian Court in the short term, however, a few respondents suggested that future location should be considered as part of long term plans. Having PHS operate from new premises would help to avoid potential confusion over its corporate identity and allow for the possibility of its headquarters being located outside the central belt, but wherever it is to be based, it should be easily accessible through public transport. The impact a potential move could have towards existing staff would have to be considered and so retention would be a key issue.

- *"It makes sense for PHS to be accommodated initially in the current accommodation. There is however an issue around the corporate identity & culture going forward which might need an identifiable HQ even if only for board & senior executive functions."*
- *"The Scottish Government's commitment to inclusive growth should determine an approach which shares the distribution of jobs and associated economic gains of the location of a national agency in areas which would benefit most."*
- *"This must mean facilities which are accessible, allow/encourage active travel, have access to green space, promote outdoor access with communal spaces for lunch/breaks etc. Car parking provision, other than a minimum for access to those with reduced mobility, should not be a priority."*

<u>Multi-site approach</u>

One of the key themes that emerged in the responses was about PHS becoming less centralised or possibly adopting a multi-site approach rather than having a single headquarters. Staff being accessible throughout the country was also encouraged, with many responses encouraging the use of shared spaces with other organisations. Feedback in relation to this included:

- *"We hope in the long term that PHS can reflect a Scotland-wide footprint, truly representative of the population served by the new organisation. Public Health is often, quite rightly, organised and led from a local level, either by health boards, local councils or other providers. PHS should reflect that fact and ensure its staff are based around the country with close links to all areas."*
- *"We would strongly advocate an early commitment to establishing local PHS teams whose role it will be to support local authorities, CPPs, HSCPs and NHS Boards. Hosting PHS services/teams locally would be valued and much preferred to a distant interface with teams who have little or no understanding of the local remote and rural dimensions of Scotland."*

Agile working & communications

When considering possible future location(s) for the new body, it was widely felt that resources for agile and remote working, as well as the support technology can offer, should be considered when key decisions are made. By utilising teleconference facilities and agile working, PHS would have a greater opportunity for involvement in rural matters and also facilitate multi-site working.

Q.13: Are the professional areas noted in Chapter 8 appropriate to allow the Board of Public Health Scotland to fulfil its functions?

There were 93 responses to this question.

Of all those who responded to the question, the majority (59 per cent) were in agreement that the professional areas noted in the consultation were appropriate for PHS to be able to fulfil its functions. Two-thirds of all organisations that responded felt the professionals areas were appropriate and only 14 per cent disagreed. Of the few individuals that responded, there was little difference between those in agreement (33 per cent) and those not in agreement (38 per cent).

	Yes	No	Don't Know	Total
Organisations				
Local Authorities	13	1	3	17
National & Public Bodies	3		1	4
NHS	12	1	2	15
Private Companies		1	1	2
Professional Bodies	13	3	3	19
Third Sector	7	4	4	15
Total organisations	48	10	14	72
% of organisations answering	**66.67%**	**13.89%**	**19.44%**	
Total Individuals	7	8	6	21
% of individuals answering	**33.33%**	**38.10%**	**28.57%**	
All respondents	55	18	20	93
% of all respondents	29.89%	9.78%	10.87%	
% of all those answering	**59.14%**	**19.35%**	**21.51%**	

Although the feedback and suggestions were wide-ranging, there were also responses advising that the Board does not become too large in size to try and accommodate everything, and that individual members should be able to meet multiple skills/experience criteria for the Board. Feedback included:

- *"Too many areas are specified (15). It likely won't be possible to find up to 13 individuals that cover all of them so choices will have to be made. Some of the areas are very important, while others might not need to be represented on the Board. Expert advice could be sought in these other areas as required. Some areas for consideration as perhaps not being essential for Board representation could include business and industry, prison sector, community justice, human rights, IT, judiciary and legal."*

Human rights based approach & lived experience

The proposed human rights based approach and lived experience requirement to Board recruitment was generally welcomed by respondents, although some felt the exact nature of the experience was not specified and so may need to be more clearly defined.

- *"There is a danger that 'lived experience' is not effectively heard at board level, even if one or two board members are selected on the basis of this experience. It would make sense to think about some form of 'lived experience reference group' which has independent facilitation and which provides one or two representatives for the board. This would allow those representatives to draw on a wider range of lived experience, to have independent support, and to have additional time to discuss strategic issues ahead of board meetings which will tend to provide limited opportunity to discuss matters of principle and strategy."*
- *"We particularly welcome the recognition of the importance of human rights and lived experience at board level. However, it is not clear exactly what is meant by lived experience here (as we all have experienced lives). This should not simply be longstanding representation of lived experience of one particular issue, but consideration should be given as to how representation of diverse experiences, particularly of those who are experiencing/have experienced the raw end of health inequalities, can be maximised."*

Third sector

Many responses proposed that those from within the third sector may be able to meet a wide number of criteria to become Board members through experience of working within the health system, wider systems working and also have appropriate levels of lived experience.

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

There were 98 responses to this question.

The majority of responses received were in support of the proposed Board size, although those commenting were aware that this would likely be reviewed after the first year or two once PHS has established a clear operational identity. Comments received included the following:

- *"The proposed number of members appears appropriate in terms of balancing the mix of skills and allowing for a proportionately sized board. We suggest that when setting up standing committees, the proportion continues to be reasonable and permit flexibility for non-attendance where such instances arise."*
- *"We agree with the need for balance between having sufficient skills and not being overly large. The limit of 13 members sounds like a sensible starting point so long as we feel all the key areas of expertise we require are represented in that group. The size and make-up of the board should be reviewed after 12 months to assess if the current balance is effective."*

Board make-up

Many of the responses highlighted diversity as an essential component in how the Board is made up, with equal gender representation and recruitment of members with disabilities suggested. Key suggestions for those that should be involved at Board level included:

- Housing
- Multidisciplinary Health Professions
- Third Sector
- Integration Authority
- Chief Executive from NHS Board
- Academia

Q.14b: How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?

There were 69 responses to this question.

Most responses to this question were in support of the shared leadership and accountability proposal and noted that COSLA appointed Board members were the most appropriate way of addressing this. Some commented that a SOLACE appointment may also be of benefit.

- *"As mentioned above, this structure does mean that from a legal standpoint PHS will be more accountable to Scottish Government than COSLA, but the involvement of councillors as members of the governing board will hopefully ensure some oversight."*
- *"Shared leadership and accountability between Scottish Ministers and COSLA would be appropriately demonstrated by inclusion of local authority members on the Board."*

COSLA appointments

While most respondents supported the notion of COSLA-appointed Board members, it was highlighted that the recruitment of them should still be conducted in a transparent way through the appropriate channels.

- *"The appointment process should be overseen jointly by SG and COSLA and be in line with the standards set by the Commissioner for Ethical Standards in Public Life in Scotland."*
- *"It is important that the board is comprised of representatives from both COSLA and the Scottish Government, including one or more councillor members nominated by COSLA. Appointing members through the public appointments process will allow for varied membership and demonstrate commitment to shared leadership and accountability."*

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

There were 105 responses to this question.

The majority of respondents supported the proposed arrangements around data science and innovation. Respondents were of the view that data can help inform decision-making and help promote prevention and behavioural change, and so regard it as an enabler towards improving health and wellbeing and outcomes. Some of the respondents would seek to collaborate and establish key links with PHS around the practical arrangements for data going forward whereas only a handful of respondents were opposed to the need for more data-led interventions.

Innovation

There was a clear view expressed that innovation should be a core value of the new body and that it should play a significant leadership role on data-led innovation, especially as part of a 'Digital First' agenda, and in alignment to the national Digital Strategies. It was suggested that PHS should seek to develop approaches that lead to multiple improvements in health outcomes and not just single health-related outcomes.

Ethics and trust

Some respondents sought clarity of the role of PHS in particular areas of data and innovation, e.g. Artificial Intelligence, and have suggested that any associated future work should include fully understanding the challenges associated with digital technology. Respondents stressed the importance of building trust with citizens and to provide assurances on the potential ethical challenges posed by handling personal data. It was suggested that the body should adopt SG's 'open by default' agenda and publish all non-attributable data.

Some respondents expressed concern about the focus on individual-led interventions which does not take cognisance of the wider socio-economic factors that influence individual behaviour.

It was felt that the proposed arrangements, as presented, run contrary to the approach taken to support the delivery of the Public Health Priorities which advocates a collaborative, whole system approach, i.e. 'through the organised efforts of society'. Another concern highlighted was the lack of available evidence on

whether digital applications (e.g. smart watches) actually have a meaningful impact on improving health.

Governance and data management

Linked to the issue of trust, some respondents stressed the importance of a transparent and accountable information governance mechanism which will be crucial if PHS is to successfully exploit the opportunities of new technologies. Many respondents also enquired about the possibility of sharing data with the third sector to help inform their work within communities. There was a common view that whilst Scotland is 'data rich', we are not making effective use of our data or generating full value from it. It was also felt that there is a gap in the capacity within communities to tap into data. The accessibility of data across all systems at national and local level – especially in the context of multi-agency partnership working – is also deemed crucial.

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

There were 83 responses to this question.

There was general support for the arrangements noted in the consultation towards the transition process with some respondents offering advice based on experience, or offering to provide further assistance.

Communications & engagement strategy

Most respondents felt a clear and effective communications strategy would be pivotal in the transition and in preparation of the launch of the new body. Clear messaging to transitioning staff, stakeholders and the public throughout the process would be a key factor to maintain performance and avoid disruption in workflow. Feedback included:

- *"Due to the scale of the transition involved, we would emphasise the importance of regular engagement and communication".*
- *"It will be important to effectively communicate the transition phases to all partners at the national and local level so there is clarity."*
- *"It will be important to deliver some clear and simple messages to the public about this new body, and explain the benefits it will bring to Scotland."*
- *"As with our recent re-brand the use of a number of different digital tools would be useful as part of the marketing of the new body. We would be keen to support this and perhaps even have a joint campaign locally around the importance of partnership, engagement and outcomes."*

Effective planning & delivery

Given the changes to the vesting date and the relatively short time for the transition to be completed, there were concerns noted among respondents that there would need to be effective planning and structuring for transferring functions into PHS to allow duties to continue and duplication to be avoided.

- *"The transition process should ensure that the shift from the current structures to the new model allows for minimal disruption to service delivery. Awareness-raising in ample time prior to the transition period and throughout the implementation process will be beneficial."*
- *"A full timeline for the transition process must be outlined, setting out key dates and any relevant information on implications of changes on work plans, projects and interfaces with bodies that are being dissolved. It is concerning that, with around nine months to go before Public Health Scotland is launched, there is still a considerable amount to do and the only date that has been publicly announced is an ambition to launch date."*

Q.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?

There were 102 responses to this question.

The majority of respondents were of the view that the proposals could have a positive impact on equalities, given the key focus of the new body on reducing inequalities. Some remarked that there is not enough information available to offer an informed view until the new body is operational. Thus, many respondents have stressed the need to produce comprehensive and thorough impact assessments – especially for Equalities and Human Rights - developed through consultation with relevant, protected groups in order to avoid any risk of unintended consequences.

It was suggested that a health inequalities impact assessment also be carried out to cover human rights aspects of those groups not covered by Equalities Legislation. There were calls for an assessment of the impact on rural communities (including the Islands) to ensure those in remote areas are also not disadvantaged. In relation to affected staff, it was felt by some that a long term plan was needed to reduce pay inequalities within the public health workforce.

Q.17b: If applicable, what mitigating action should be taken?

There were 51 responses to this question.

Respondents suggested specific actions to mitigate potential unintended consequences. This included ensuring the make-up of the Board for PHS is diverse. It was felt important to prioritise 'place-based' strategies/approaches to counter the adverse effect of the disproportionately high concentrations of 'disadvantaged' groups living in particular communities. It was also highlighted that the consultation has not referenced the fact that the new body will be subject to the Equality Act (2010) or the Public Sector Equality Duty, plus whether a Fairer Scotland Duty Assessment will be undertaken to ascertain the socio-economic impact.
There were also calls for regular monitoring of inequalities in staff working directly or indirectly for the new body.

Q.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?

There were 80 responses to this question.

In general, all respondents were of the view that both businesses and the third sector have a crucial role to play in the delivery of public health. Some concerns have been expressed about the potential conflict of interest arising from private sector involvement in public health-related interventions. Accordingly, some respondents have emphasised the need for regulation/compliance of businesses in order to balance their vested interests, which have a major impact on the health of the public, including e.g. the alcohol and food industries. A suggestion was made that the body should have mechanisms in place that will enable it to focus on the commercial determinants of health and wellbeing, and thus ensure there is no undue influence by such industries.

Other respondents have highlighted the importance of workforce health, in particular ensuring employees are supported through their work. The Healthy Working Lives programme was referred to with some suggesting that it needs to evolve to focus more on innovation.

Nearly all of the respondents acknowledged the significant role the third sector plays in public health. The prevailing view was that the sector needs to be involved at both strategic (i.e. Board) and delivery level if it is to have a meaningful impact going forward. The lack of resourcing and capacity issues experienced by the sector were also highlighted and addressing these was considered vital to realise the goals of partnership working. Some respondents pointed to the lack of reference in the consultation to national third sector organisations (e.g. The Scottish Council for Voluntary Organisations) and the important role they have alongside Third Sector Interfaces (TSI) in providing an important voice for the whole sector as well as helping to remove duplication of effort across the sector.

Conclusion

This report has presented summary findings from the analysis of responses to the Scottish Government's consultation, *"A consultation on the new national public health body 'Public Health Scotland'."* The response rate was good, indicating a high level of engagement, and the broad range of organisations that contributed their considered thoughts and views suggests a significant level of interest in public health, especially from the wider public, third and community sectors.

By and large, respondents have expressed broad support for the establishment of the new body and the proposals contained within this consultation.

We also note that clarity has been sought on a number of key areas presented in the consultation, including on the specific functions of PHS and the detail of its anticipated relationship with other bodies and partnerships, and so we will aim to

address those particular points as we further develop the proposals, structure and operating model for PHS.

Next steps

The consultation responses have emphasised the vital importance of PHS building good relationships and a shared, agreed vision between all system partners across sectors. This should recognise both local and national needs. The Board and Committee Governance Project within the Public Health Reform Programme is currently identifying options for how PHS' committee structure is designed, drawing on a range of perspectives and benchmarking. It has been undertaken to identify examples and characteristics of innovative & best practice in board committee governance, leadership and performance in public health (& other public sector) organisations from the UK and internationally. The consultation responses will be considered alongside those recommendations and the Target Operating Model in shaping the new governance structure and Board make-up of the organisation.

The responses also highlight that PHS will have to contend with a complex network of different types of relationships with other entities. The wider determinants of health and wellbeing clearly encompass many diverse drivers and influences. Clarifying the purpose, objectives, and defined outcomes for each of these emerging relationships will necessarily take time. Further developing, defining and maintaining those key partnerships will be a key early objective of the new body. The consultation responses will help us ensure that dynamic relationships are cultivated across the entire system.

We will explore new partnership and engagement structures and approaches which allow PHS to understand the experiences of stakeholders across sectors, sharing learning and lived experience, and helping to maximise promising practice on the ground. Ultimately, we want to create a robust and sustainable whole system partnership approach that refreshes our thinking and reflects new influences and opportunities, including methods to provide ongoing feedback into the system.

The majority of consultation responses supported adding PHS as a statutory community planning partner. However, some concerns were expressed about the capacity of a national body to engage meaningfully with every CPP across Scotland. Before bringing forward any legislative changes, we will consider further how PHS may most appropriately interact with, enable and support CPPs to improve health and wellbeing in their communities.

Appendix 1 - Organisations responding to the consultation by type

Local Authorities:
Aberdeen City Council
Angus Community Planning Partnership
Argyll and Bute Council
Community Planning Aberdeen
Dumfries and Galloway Community Planning Partnership
Dumfries and Galloway Council
Dundee Health and Social Care Partnership
East Ayrshire Health and Social Care Partnership
East Dunbartonshire Council
East Dunbartonshire Council and East Dunbartonshire Health and Social Care Partnership
Fife Partnership
Glasgow Centre for Population Health
Glasgow City Health and Social Care Partnership
Inverclyde Council
North Ayrshire Community Planning Partnership
North Ayrshire Council
North Lanarkshire Council
Population Health Joint Working - Clyde Gateway
Renfrewshire Council
Shetland Islands Council
South Lanarkshire Council
South Lanarkshire Health and Social Care Partnership
West Dunbartonshire Council, West Dunbartonshire Health & Social Care Partnership and Community Planning West Dunbartonshire.
National & Public Bodies
Audit Scotland
British Dental Association
Care Inspectorate
Community Justice Scotland
Convention of Scottish Local Authorities (COSLA)
Food Standards Scotland
Health and Safety Executive
Healthcare Improvement Scotland
Historic Environment Scotland

Scottish Fire and Rescue Service
Scottish Land Commission
sportscotland
NHS:
NHS Board Chief Executives Group
Aberdeenshire Health & Social Care Partnership
Division of Public Health & Health Strategy, NHS Western Isles
Equality and Human Rights Team, NHS Greater Glasgow and Clyde
National Gender Identity Clinical Network Scotland (NGICNS is a national clinical network)
NHS Ayrshire & Arran Public Health Department
NHS Ayrshire and Arran
NHS Borders for Scottish Borders Community Planning Partnership
NHS Dumfries & Galloway
NHS Education for Scotland
NHS Fife
NHS Forth Valley Health Promotion Service
NHS Grampian
NHS Health Scotland
NHS Lanarkshire
NHS Lothian
NHS National Services Scotland (with specific comments from Public Health and Intelligence)
NHS Shetland
Pharmacy Service Strategic Team, NHS Lothian
Public Health Directorate, NHS Greater Glasgow and Clyde
Public Health Pharmacy Network
Public Health Service Improvement Interest Group
Scottish Directors of Public Health (SDsPH) Group
Scottish Health and Inequalities Impact Assessment Network
Scottish Public Health Registrars
Private Companies:
MSD UK Ltd

Mydex Data Services
Professional Bodies:
British Medical Association Scotland
British Association for Counselling and Psychotherapy
British Dietetic Association - Scotland Board
Community Learning and Development Standards Council Scotland
Community Pharmacy Scotland
Community Planning Improvement Board
Deep End GP Group
Faculty of Sexual and Reproductive Healthcare: Scotland Committee
Guild of Healthcare Pharmacists
Heads of Planning Scotland (HOPS)
Improvement Service
Law Society of Scotland
MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
Nursing and Midwifery Council
Office for Statistics Regulation
Royal College of General Practitioners Scotland
Royal College of Paediatrics and Child Health Scotland
Royal College of Nursing Scotland
Royal College of Occupational Therapists
Royal College of Physicians of Edinburgh
Royal College of Psychiatrists in Scotland
Royal Pharmaceutical Society
Royal Town Planning Institute Scotland
Scottish Social Services Council
Society for Radiological Protection
Society of Chief Officers of Environmental Health in Scotland
The British Psychological Society
The Chartered Society of Physiotherapy Scotland
The College of Podiatry
UNISON Scottish Health Care Branch
Third Sector:
Action on Hearing Loss Scotland
Action on Smoking and Health Scotland (ASH Scotland)
Alcohol Focus Scotland
Association for Nutrition
Befriending Networks Ltd
Cancer Research UK
Chartered Institute of Housing Scotland

Children in Scotland
Children's Health Scotland
Church of Scotland Church and Society Council
Community Health Exchange (CHEX)
Community Leisure UK
Cycling Scotland
Engender
EVOC (EVOC is the Council for Voluntary Service (CVS) for the City of Edinburgh and a partner in the Edinburgh Third Sector Interface (TSI))
Health and Social Care Alliance Scotland (the ALLIANCE)
Healthy n Happy Community Development Trust
Hospice UK
Inclusion Scotland
National Violence Against Women Network
Nourish Scotland
Obesity Action Scotland
Planning Aid Scotland (PAS)
Paths for All
Ramblers Scotland
Royal Blind and Scottish War Blinded
Royal Environmental Health Institute of Scotland
Royal National Institute of Blind People (RNIB) Scotland
Samaritans Scotland
Scottish Association for Mental Health (SAMH)
Scottish Care - the voice of the independent care sector
Scottish Coalition on Tobacco (SCOT)
Scottish Communities for Health and Wellbeing
Scottish Community Safety Network
Scottish Council for Voluntary Organisations (SCVO)
Scottish Drugs Forum
Scottish Health Action on Alcohol Problems (SHAAP)
Scottish Managed Sustainable Health (SMaSH) network
Scottish Sports Association
Senscot
Social Work Scotland
Stonewall Scotland
Support in Mind Scotland
The Breastfeeding Network
The Central Scotland Green Network Trust
The Food Train
Values Into Action Scotland
Versus Arthritis
Voluntary Health Scotland

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