Note: This consultation document was compiled in 2019 when the charity was called Royal Blind.

Chapter 2

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

Royal Blind and Scottish War Blinded welcomes the proposal to establish Public Health Scotland. As Scotland’s largest vision impairment organisation, we believe a renewed focus on integration, promoting self-management and innovative use of data can benefit the growing population of people with sight loss in Scotland. It is estimated that there were 173,000 people with vision impairment in Scotland in 2018, with this number set to increase to over 200,000 by 2030 and to double by 2050. We believe this increase in prevalence of sight loss conditions represents a challenge to all health and social care services in Scotland. Public Health Scotland has the potential to play an important role in reducing prevalence of eye conditions, improving support for self-management and, through effective use of data, enabling better diagnosis and speedier treatment. We are also concerned that while the risk factors of smoking and diet are well understood for conditions such as heart disease and cancer, this is not the case for sight loss. There needs to be greater public awareness of links such as those, for example, between smoking and age-related macular degeneration, and diet and diabetic retinopathy.

We support the ambitions set out in the consultation document for Public Health Scotland, but we recognise that there has been much discussion in Scotland since devolution that our health services need to make a decisive shift in prioritising preventative approaches and integrate effectively with social care. Despite an established consensus on this approach, that decisive shift to prevention is still to be made and integration of services is patchy. It is welcome that Public Health Scotland has these principles at the core of its mission, but while the size and budget for this organisation will be significant, it will nevertheless be far smaller than other statutory sector bodies. More detail would be helpful on how the arrangements for Public Health Scotland will enable the organisation to take forward its goals to improve health and reduce health inequalities in Scotland.

Chapter 3

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

We welcome the general governance and accountability arrangements set out in the consultation document. We are particularly supportive of the intention to embed a human rights based approach to health and wellbeing in the organisation with an expectation that the relevant lived experience would be reflected on the Board. It should be considered whether this is made a requirement. Given the importance this body will have for disabled people, every effort should be made to encourage disabled people to apply for the Board through wide consultation with a range of disabled people’s organisations.

The consultation document sets out a number of lines of strategic, political and operational accountability, and while this incudes reference to Scottish Ministers who are accountable to the Scottish Parliament, it is important to recognise the role parliament and its committees must have in scrutinising the mission and work of the new organisation. This is essential to ensure transparency in how Public Health Scotland takes activity forward and a wide public understanding of the importance of its role. The dual accountability of Public Health Scotland to Scottish Ministers and COSLA is noted and welcomed. The key test will be how this works in practice and it is essential that the crucial remit of Public Health Scotland is not hampered by political tensions – which are sometimes inevitable – between the Scottish Government and local government.

It is also welcome that among the key responsibilities of the Board is engagement with stakeholders. We believe third sector organisations are key stakeholders for the new body and it is important that in due course there is further detail on how that engagement will take place. The recent engagement activity by Social Security Scotland in establishing its new functions provides a good model. We note the proposal to engage with TSIs as a line of communication with the sector, but given the breadth of the sector and the resource pressures which many TSIs face, it is important that Public Health Scotland engages directly with a wide range of third sector organisations too, particularly in seeking relevant expertise on specific areas of activity.

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

We welcome the comprehensive structures for shared leadership and accountability which are set out in the consultation document. However, structures alone will not successfully deliver a shared vision. It will also be crucial in deciding what resources are allocated for public health at a local level that there is an effective partnership approach between national and local government. This will require a recognition of the need to ensure services are properly resourced at a local level. Too often current budget allocations for social care make it challenging for statutory and third sector providers to deliver services in a way which effectively promotes prevention and self-management. For example, we are aware that there are waiting lists for rehabilitation for people with sight loss in a number of areas of Scotland. With sight loss set to double in the next few decades, failing to tackle prevention effectively now, will lead to huge challenges in the future, with wide-ranging human, social and economic consequences.

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

We note paragraph 9 of Chapter 3 which states that no changes in local governance arrangements on strategic planning and delivery of public health services are planned other than the new body becoming a Community Planning Partner. This proposal raises the question of how the new organisation will be able to have a significant impact on local strategic planning and delivery. We understand the significance of the new body becoming a CPP partner, as NHS Boards work with CPPs to identify and deploy resources in accordance with the expectations of the Agreement on Joint Working on Community Planning and Resourcing. However, we believe the arrangements could be stronger in giving Public Health Scotland influence over local strategic planning to strengthen delivery in key areas, such as identifying emerging public health issues and workforce/educational themes. For example, we believe a workforce which has appropriate training in vision impairment awareness is better placed to support improved care and self-management for people with living with sight loss.

We also recognise the consultation document states that Public Health Scotland “will connect systematically with Health Board partners to establish strategic relationships” and “strengthen partnership working.” It would be helpful to provide further details on how such arrangements will inform local strategic planning for delivery of public health priorities.

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

The consultation document states that “Public Health Scotland will provide advice on partnership plans and reports…for the partnership as a whole, or for any of the local partners.” Public Health Scotland could enhance these arrangements for planning and delivery through having the opportunity to collaborate with health boards on setting out public health priorities in Local Delivery Plans as a specific section in the plans, and also by having a formal role within the Annual Review process on reporting on progress in delivering local public health priorities.

**Question 4: What are your views on the role Public Health Scotland could have to better support communities to participate in decisions that affect their health and wellbeing?**

The consultation document sets out a range of local partnerships which Public Health Scotland could potentially be involved in, and we believe the organisation should also engage with local See Hear partnerships to support health initiatives for people with sensory impairment. It will be important for Public Health Scotland to work with third sector partners and other organisations to support them to take part in decision making about health and wellbeing. Crucially, Public Health Scotland should work with third sector organisations to ensure people who have direct life experiences relevant to public health issues can take part in local and national decision-making which affects their health and wellbeing. We believe the organisation could promote such engagement through multiple approaches, which should recognise the need for accessible communications for people with sensory impairment. When co-ordinating or delivering activity on specific public health priorities, Public Health Scotland should develop distinct engagement plans to reach local organisations with relevant expertise as well as individuals with lived experience.

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

We agree with this proposal.

(**b) Do you agree that Public Health Scotland should become a public service authority under Part 3 of the Community Empowerment (Scotland) Act 2015, who can receive participation requests from community participation bodies?**

We agree with this proposal.

**(c) Do you have any further comments?**

Further detail would be beneficial on how Public Health Scotland would perform its role as a public service authority in taking forward participation requests. How would these be facilitated by the organisation, and what practical help and assistance would there be for community groups making such requests? Many community groups have few resources, personnel or volunteers to take such engagement forward. It will be important for Public Health Scotland to be proactive in making community groups aware they can assist with engagement activity and also provide practical assistance to community groups wishing to be involved in decision making processes to improve outcomes.

**Question 6: (a) What are your views on the information governance arrangements?**

We support the principles for information governance set out in the consultation document. We welcome the intention to provide accessibility to data while putting in place appropriate systems to provide “fundamental confidentiality and security requirements.” We also believe it is important that the consultation document stresses Public Health Scotland will have a critical reliance on data to accomplish its vision of achieving better health. We believe Scotland has distinct advantages in the data systems used in our health services over those in other parts of the UK. These offer the potential for data to be used in studies and projects which can help us better understand prevalence and causes of disease and develop new treatments through data analysis, while respecting and guaranteeing confidentiality and data protection. Such studies also offer the potential for speedier, more effective diagnosis and the development of new treatments, including for eye conditions.

(**b) How might the data and intelligence function be strengthened?**

We welcome the ambition which is set out for “translating data into intelligence that can help improve health and wellbeing outcomes.” We believe the proposal would benefit from an emphasis on being a gathering point for data for a wide range of sources beyond the public sector. We also believe consideration should be given to how the new organisation might establish relationships with the research and academic community, including, with strong, clear and appropriate governance, entrepreneurial and commercial actors in those cases where a clear public interest can be demonstrated, to take forward data projects to improve public health outcomes.

Chapter 4

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

The suggested outcomes around collaboration and sharing good practice are welcome, but we believe ambitious long-term goals could be set around improvements in public health. We also believe it will be important for Audit Scotland and parliament to exercise their vital roles in scrutiny of performance.

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

We understand the need for short-term outcomes based on successful engagement and facilitation of collaborative working, but we believe there is significant potential for wide-ranging long-term performance indicators. For example, current estimates of future prevalence for conditions which are closely linked to health inequalities could be compared in later years with actual prevalence to assess what impact public health campaigns may have had.

Chapter 5

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

We believe this is a logical range of functions for the new organisation. It is welcome that Public Health Scotland will be responsible for providing support to and oversight of the Public Health Priorities in Scotland. In taking forward this work on improving public health, we hope sight loss will feature in awareness raising and education about the need to tackle health inequalities and promote healthy living. The Scottish Vision Strategy 2013 to 2018 highlighted that the number of Scottish people with Type 1 or Type 2 diabetes increases by around 10% every year, and diabetic retinopathy is now the single biggest cause of sight loss among Scots of working age.

We also welcome the proposed role of Public Health Scotland in providing national leadership in health care public health. A focus within care and rehabilitation services on promoting independent living and preventing poor health will improve outcomes and support for people accessing care services, including thousands of people with sight loss. Supporting workforce development with regard to awareness of public health priorities, and broader health needs including vision impairment awareness, will also help secure improved care and better support for people receiving care, including those living with sight loss.

We have highlighted earlier the importance of the leadership role Public Health Scotland will have in ensuring effective use of data and research. We believe the organisation’s leadership role for public health research, innovation and applied evidence will be vital, as will its role in gathering and facilitating research into data for the benefit of patients through improved support and treatment.

Chapter 6

**Question 9: (a) What are your views on the health protection functions to be delivered by Public Health Scotland?**

**(b) What more could be done to strengthen the health protection functions?**

Chapter 7

**Question 10: (a) Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland and,**

Given the importance of the role Public Health Scotland will have, we believe new senior executive leadership roles are appropriate.

**(b) If so, what should they be?**

We agree strong leadership will be required in the areas of engagement and partnership and also data science and innovation, and believe experience of health services and not only expertise can play an important role in the background of those appointed.

**Question 11: What other suggestions do you have for the organisational structure for Public Health Scotland to allow it to fulfil its functions as noted in chapter 5?**

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

It is essential that, wherever the organisation is based, its headquarters are accessible and their design, transport links and facilities encourage the recruitment and retention of disabled people to work for the organisation, including people with vision impairment.

Chapter 8

**Question 13: Are the professional areas noted in the list above appropriate to allow the Board of Public Health Scotland to fulfil its functions?**

We believe the listed professional areas for the Board are appropriate. We believe third sector representation is particularly important as well as the inclusion of those with lived experience.

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

It is imperative that the application process for Board membership is accessible, and that disabled people are encouraged to apply and are included in the membership. We note the statement “we will also try to build human rights into the governance structure of the organisation” and believe this is a necessity so a human rights based approach informs all aspects of the work of Public Health Scotland.

**(b) How should this reflect the commitment to shared leadership and accountability to Scottish Ministers and COSLA?**

Chapter 9

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

We welcome the statement in the consultation document that “lived experience should be central in all public health services.” We believe this will be vital to inform better decisions about health initiatives as well as to understand population behaviours and health challenges within communities. We agree the latest insights, technology and methodologies will help promote prevention and behavioural change.

The emphasis on data science, new technology and access to and analysis of large volumes of data to develop and evaluate health interventions is of particular importance. We recognise the need for a focus on how behavioural and social factors affect health, and that research in these areas can lead to new preventative approaches and better understanding of how individuals can be helped to manage their own conditions. Given that the new organisation will be responsible for ISD Scotland, which oversees such a wide range of data management and analysis, it is also right that the arrangements for data science and innovation seek to develop both preventative approaches and cures for diseases. Big data programmes have shown the potential to identify conditions and develop new treatments for a range of conditions, and this is a growing area of activity in sight loss, where Scotland has the potential to be a leader in supporting innovation. Eye health can also be a marker for other conditions, for example dementia. So, through new approaches to studying data on eye conditions there is the potential not only to develop approaches to diagnose them more speedily and accurately, but also potentially other conditions at the same time, as well as developing new treatments for sight loss.

Chapter 10

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

The timetable for establishing the new body is ambitious, with the proposal for Public Health Scotland to become operational from 1 April 2020. It is important that there is effective planning for transition processes. Given this schedule, it is also vital sufficient preparation and time is allowed for application processes for staff appointments as well as appointments to the Board to ensure these processes are accessible and inclusive, including for disabled people.

Chapter 12

**Question 17: (a) What impact on equalities do you think the proposals outlined in this paper may have on different sectors of the population and the staff of Public Health Scotland?**

Addressing health inequalities has the potential to improve the health and the quality of life in sectors of the population who too often currently face health challenges.

If the organisation is successful in recruiting and retaining disabled people in its workforce, this will not only benefit those individuals but contribute towards the goal of the Scottish Government to reduce by at least half the disability employment gap by 2038. Two thirds of working-age people who are registered as blind and partially sighted in Scotland are not in paid employment. We are aware of the negative impact this has on people with vision impairment, not only financially but on broader wellbeing too, for example through social isolation. Conversely, as an employer of disabled people, we are aware of the positive impact employment has both for them as individuals and for businesses and organisations who benefit from their skills and expertise.

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

Chapter 13

**Question 18: What are your views regarding the impact that the proposals in this paper may have on the important contribution to be made by businesses and the third sector?**

It is welcome that the Business and Regulatory Impact Assessment states: “the shift to cross-sector collaborations focused on prevention and early intervention models should provide increased opportunities for businesses and the third sector.” As we have stated, the third sector has a key contribution to make in taking forward the priorities which have been set out for Public Health Scotland. If the new organisation is to achieve its goals to improve public health, not only engagement with third sector organisations but their full involvement as valued partners will be essential.