



A Consultation on a new National Public Health body: 'Public Health Scotland'

July 2019

Children in Scotland

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

Children in Scotland is pleased to respond to the Scottish Government consultation on the new National Public Health Body: 'Public Health Scotland'.

Giving all children in Scotland an equal chance to flourish is at the heart of everything we do. By bringing together a network of people working with and for children, alongside children and young people themselves, we offer a broad, balanced and independent voice. We create solutions, provide support and develop positive change across all areas affecting children in Scotland.

Children in Scotland supports the creation of a new national public health body which will take a systems approach to improving health and reducing health inequalities in Scotland. We work towards equity of opportunity and outcomes for all children and young people with particular focus on health and wellbeing, learning and development.

In this response we will highlight our views on the proposals for a new national public health body in Scotland. We will also take the opportunity to identify our concerns with the proposal and reiterate our support for a range of policies we believe to be essential for creating an 'enabling environment' for children, young people and their families to experience better health and thus improve health outcomes at all stages in life.

Children, young people and families face a range of systemic issues that contribute to poor health outcomes and the link between early years experiences and health outcomes later in life is well established. We are pleased that the new national body will provide oversight for the delivery of the six Public Health Priorities, which includes a specific focus on the early years. We believe that the health and wellbeing of children, young people and families should be central to the proposal for a new national public health body.

We are also pleased that the new model includes a commitment to embedding a human rights based approach to health and wellbeing. This must include specific recognition of the rights of children, as outlined in the UN Convention on the Rights of the Child (UNCRC). The Scottish Government has made a commitment to bring in legislation for incorporation of the UNCRC by 2021, meaning that all public bodies, including Public Health Scotland will have duties to insure compliance. For example, Article 24 of the UNCRC places obligations on public bodies to provide the highest attainable standards of health.

The new national public health body must remain cognisant of these obligations and put in place appropriate measures to meet them. We believe that the current model as outlined in this consultation needs to be much more explicit about how a child rights approach will be embedded within its structures, systems and priorities. A children's rights based approach will strengthen governance and accountability, improve the identification of key structural interventions to reduce inequities, strengthen partnership working by bringing relevant non-state actors' responsibilities to attention, support the creation of effective interventions by taking into consideration the views of children and young people, and provide a set of clear, measurable commitments. We suggest that undertaking a Child Rights and Wellbeing Impact Assessment at this stage would be helpful to shape the overall model of the new body.

Question 2a What are your views on the general governance and accountability arrangements?

We welcome the recognition in the governance and accountability section that public health is not a self-contained subject, and requires action from across the public sector and beyond to address the social determinants of health.

For Public Health Scotland to be successful in creating sustainable improvement to health for children, young people and their families input will be required from a broad range of government portfolios to tackle the diversity of systemic challenges. Links must be made with current Scottish Government policy such as the

Tackling Child Poverty Delivery Plan, the Mental Health Strategy, Early Years Framework and Getting It Right for Every Child approach (GIRFEC) to name just a few.

We believe a new national public health body provides an opportunity to co-ordinate services across and out with the health sector to address the complex determinants of poor health outcomes but there must be a clearer articulation of how a range of policy measures will be co-ordinated to promote an enabling environment for all children, young people and families to attain the highest standard of health.

We also welcome recognition of the role of the third sector in supporting preventative approaches, and agree that Third Sector Interfaces provide a good mechanism for engaging with locally based third sector organisations. However, we are also aware of how under-resourced many TSIs are, and the diverse expectations that are placed on them. We would recommend that you draw learning from our experience of delivering

the National Third Sector GIRFEC project about how best to engage with the third sector and TSIs on national policy issues (see <https://childreninscotland.org.uk/national-third-sector-girfec-project/>)

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

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

Question 3b How can Public Health Scotland supplement or enhance these arrangements?

We believe that to support arrangements for local strategic planning and the delivery of services, Public Health Scotland has a responsibility to keep all stakeholders informed about the current evidence base relating to the health and wellbeing of the Scottish population (including children and young people), evidence of effective interventions to improve health, and views of the Scottish population about their needs and priorities.

We recognise that in some cases the best interventions to improve health may not be health based, and may involve other parts of the public sector such social security measures, housing, education or culture. Public Health Scotland should use this evidence to press for change at a national as well as local level, to ensure that the best and most effective responses are made.

We are also aware of that national survey data such as the Growing up in Scotland study, offers invaluable evidence about the health and wellbeing of children and young people, that can offer insights into how the determinants of health may be changing in today's Scotland.

In terms of qualitative evidence, Public Health Scotland is in a good position to make the most of already published evidence on the views of children and young people. Our Children and Young People's Evidence Bank provides a sample of this (see <https://evidencebank.org.uk>)

For example, parental substance use and alcohol consumption is a structural determinant of poor health outcomes. A report on parental problematic substance use highlights the impact on children's wellbeing including mental health, education, life in care and interactions with social work:

'When I did turn up at school, I was usually tired, bad tempered, had no concentration and would lash out at teachers. I was scared that the teachers knew what was going on at home.'

'I hate going to school without the things I need, people bully me'

A report by the Scottish Youth Parliament highlights how the voices of young people have been neglected in discussions of their mental health, despite being a heavily researched and publicised topic. The report makes clear that mental health is tied to

many aspects of young people's lives – including the people responsible for keeping them safe and healthy like parents, teachers and doctors – and that services targeting young people would be enhanced by their inclusion:

'There's specific stigma against children and young people, it's attention-seeking, or fear of the doctor thinking you are just attention-seeking. The doctor might just say it's part of growing up.'

'In my experience teachers/lecturers are not sufficiently trained to help me cope with my mental health.'

Policies and interventions targeting issues like these would be enhanced by learning from the lived experiences of children and young people. Public Health Scotland will be in a good position to support this.

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.

With regards to involving communities, Children in Scotland would again emphasise Public Health Scotland's commitment to embedding a rights based approach here. As UNICEF has indicated, 'Good governance related to rights of the child... is measurable by the level of realisation of those rights'. In other words, the benefit of this approach is that rights act as both clear goals and measurements by which to hold individuals and institutions accountable.

Children in Scotland supports the creation of a national public health body that emphasises efficient, collaborative planning and delivery based on localised needs, co-production with service users. Article 12 of the UNCRC states that children have a right for their voices to be heard on matters that are important to them. Meaningful engagement with children and young people in these processes is the only way to ensure that their rights are being respected while strengthening policy and service design. Children and young people have much to offer in this area, as they have said themselves (all quotes taken from our Children and Young People's Evidence Bank <https://evidencebank.org.uk>):

'Our views are important, we see the world in an imaginative and positive way. We need to be valued for what we can offer the world now as children, and not just as citizens to be'.

'If you want young people to be making change, you need to not just be facilitating that change, you need to make sure that they are the ones who are leading the way forward'.

We would also highlight how meaningful engagement has the potential to improve subjective wellbeing, contributing to improved outcomes in and of itself:

'It's so cool getting like your voice actually heard, feeling like people actually want to listen to you and feeling like you can actually make a difference.'

'It makes me feel really good to know that there's people there supporting the work I'm doing.'

We would like greater recognition within the proposed model that 'communities' are not just geographical constructs and that other communities, such as groups of individuals sharing protected characteristics, including children and young people, should be actively included in decision making, at local and national levels.

Question 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.

Question 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.

Question 5c Do you have any further comments?

We would like to see Public Health Scotland take a proactive, transparent and inclusive approach to participation, which would minimise the requirement for any participation requests.

Question 6a What are your views on the information governance arrangements?

Question 6b How might the data and intelligence function be strengthened?

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

The six Public Health Priorities agreed by the Scottish Government include 'a Scotland where we flourish in our early years'. Early years health and wellbeing plays a critical role in shaping health outcomes later in life and leading evidence suggests 'high returns on early intervention to improve future outcomes'. Therefore the health of children, young people and families must take a central role within the new national public health body for Scotland.

To make progress towards achieving this priority and other priorities, we believe Public Health Scotland should take a life course approach to tackling systemic health issues. According to the World Health Organisation (WHO) 'Key stages in people's lives have particular relevance for their health; the life course approach acknowledges the importance of these stages' which begin 'from preconception through pregnancy, infancy, childhood and adolescence, through to adulthood'.

The UNICEF Office of Research identifies the life course approach as a critical component of public health programmes targeting children and young people because it 'provides a dynamic lens through which structural determinants can be viewed analysed and employed'.

Recent research from the Scottish Government, Royal College of Paediatrics and Child Health and Nuffield Trust show that while improvements to health in the early years in Scotland have been made as a result of targeted interventions, much work is still needed, particularly in the remaining arenas identified in the six Public Health Priorities: safe communities; good mental wellbeing; alcohol, tobacco and other substance use; sustainable economy with equality of outcomes for all; and food, weight and physical activity. All of these have relevance to the lives of children and young people, and their wider families. A life course approach would identify the particular risk and protective factors at play for children and young people within each priority area.

Again we would like to highlight considerable synergy between these six priorities and the national GIRFEC approach, with its emphasis on nine wellbeing indicators. We would argue that progress towards achieving the realisation of GIRFEC for all children would go some way to achieving the public health priorities and vice versa.

Question 7b What additional outcomes and performance indicators might be needed?

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

See our response to Question 3b

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

Question 9b What more could be done to strengthen the health protection functions?

Question 10 Would new senior leadership roles be appropriate for the structure of Public Health Scotland?

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?

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

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

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

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

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

Question 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 the Public Health Scotland?

Question 17b If applicable, what mitigating action should be taken?

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

For further information please contact

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