

## **About the RCPCH**

**The Royal College of Paediatrics and Child Health (RCPCH) are responsible for training and examining paediatricians. The College has over 19,500 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.**

### **Response to the consultation questions:**

RCPCH welcomes the opportunity to express its views on arrangements for the establishment of Public Health Scotland. Due to the short time frame and detailed nature of this consultation we were unable to give the extensive detail you may require on individual areas and in this case would be happy to provide further details at a follow up meeting.

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

The Royal College of Paediatrics and Child Health are supportive of the principles for the proposed arrangements for Public Health Scotland. In particular:

- The whole system approach
- Partnership working at its heart, in recognition of the multi-dimensional system of public health
- The involvement of cross sector expertise
- Representation of lived experience at board level
- Enhanced opportunities for innovation, research, learning and development
- Collective or collaborative arrangements to improve our nation's public health as a key feature.

Empowering people through the embedding of a human rights approach is wholly supported by RCPCH. In particular, we would highlight the following articles from the UNCRC to ensure that children and young people's (CYP) rights are put at the centre of Public health Scotland's policies and practice:

Article 3 – The best interests of the child.

Article 12 – Show respect for the views of the child when adults are making decisions that affect children.

Article 23 – Children and young people with disabilities have the right to be involved.

Article 24 – The right to the best health care.

#### **2a. What are your views on the general governance and accountability arrangements?**

RCPCH have concerns on what happens when services for children and young people are not part of the Integration Authority partnership arrangement.

In RCPCH State of Child Health 2017 recommendation '*Tailor the health system to meet the needs of children and young people, their parents and carers*', it states that "interventions for all children throughout their life course, and particularly the vulnerable and hard to reach groups, require a joined-up approach by health services and other agencies where necessary. For example, children and young people with long-term or complex conditions often need care from a variety of health professionals, and navigating that system can be daunting and confusing. Integration of care services can prevent duplication and waste as well as making the system more user friendly for children, young people and their families".

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

Not applicable

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

Although RCPCH supports local strategic planning and ownership, Public Health Scotland will provide the critical role of national oversight to ensure targets and deliverables are being met and ensuring that there is a standardised approach to service delivery.

RCPCH also welcomes the recognition of the part that health boards already play in public health and the continued support from the new body.

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

Public Health Scotland can enhance these arrangements for local strategic planning with oversight through a national committee of the local leaders that could potentially meet three times per year to share information and review progress.

**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?**

In order to support whole communities to engage in decisions affecting their health and wellbeing, Public Health Scotland will need to provide information in an accessible way for CYP. [RCPCH &Us®](#) provide resources created with and by children, young people and families. They can help patients get involved in improving their health service and for health professionals; they can support how to meaningfully involve children and young people in their work, with [recipes for engagement](#) and [how to write an engagement plan](#).

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

Not applicable

**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?**

Not applicable

**5c. Do you have any further comments?**

Not applicable

## **6a. What are your views on the information governance arrangements?**

In supporting the ambition for the whole system to work together RCPCH would ask that particular attention is paid to the safeguarding of potentially sensitive data being held about CYP. RCPCH *Service Specification for the clinical evaluation of children and young people who may have been sexually abused*<sup>i</sup> provides recommendations for holding reports and documents of this type.

## **6b. How might the data and intelligence function be strengthened?**

Multi-agency working and linking the different agencies' data together is crucial in addressing public health determinants and effecting appropriate policy change.

To achieve the target of Public Health Scotland being a "knowledge based and intelligence driven organisation with critical reliance on data" it is vital that Public Health Scotland is given appropriate decision making capability and sustainable funding streams to develop data collection further. (This is of particular importance for the collaboration with some not-for-profit bodies that can experience a lack of financial security for long-term activities and initiatives.)

In the RCPCH *State of Child Health Scotland – Two years*<sup>ii</sup> on report, we highlighted the progress being made on developing high quality health and care statistics, however no commitment has yet be made by Scottish Government on the implementation of SNOMED- CT which would allow data to be consistently analysed with England, Northern Island and Wales. RCPCH Scotland would suggest that Public Health Scotland have the introduction of SNOMED as an immediate priority to ensure they gain the maximum value from data held.

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

To understand the true impact that Public Health Scotland is having on the health and wellbeing of Scotland's CYP, their views and opinions must be sought, measured and followed over time. With the incorporation of the UNCRC into domestic law by April 2021, we hope that seeking the views of, and engaging CYP will become an integral part of every policy development in Scotland and in the measurement of impact.

## **7b. What additional outcomes and performance indicators might be needed?**

Following on from our answer to 7a, RCPCH Scotland would suggest that CYP were given the opportunity of ownership of the outcomes affecting their health and wellbeing and were enabled to put forward suggestions for additional outcomes and performance indicators (UNCRC, article 12: Show respect for the views of the child when adults are making decisions that affect children).

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

RCPCH welcomes the recognition of the importance of data and intelligence, public health research and innovation, and how a robust, resilient and competent workforce, will form in the functioning of Public Health Scotland. However, the college is concerned that there is no explicit mention of children and families partner engagement within the key functions. Without this, the body will be unable to achieve co-production with those who provide services and those CYP who should benefit.

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

The national oversight of health protection provides important input into health board planning, surveillance and treatment. With the addition of the long term aim for Public Health Scotland to enable the sharing of information and data between direct clinical care, population health management and,

intelligence and research, this has the potential to provide a valuable resource to those in the acute care of children and child protection.

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

Further research on the wider determinants of health, environment and housing, would strengthen these functions.

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

Yes

Child health today is a measure of the nations' health tomorrow. As such the importance placed on child health should be visible at the highest level and RCPCH would suggest a senior executive leadership role of child health supporting a 'child health in all policies' structure for Public Health Scotland.

**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?**

Not applicable

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

Not applicable

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

Although health is detailed as a professional area, paediatrics is not. RCPCH would recommend the addition of paediatric public health expertise to ensure that child health receives the attention it deserves from Public Health Scotland.

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

We note that the proposed Board would have 13 members, however, there are 16 categories listed, but neither, CYP and families, nor paediatrics are directly represented.

RCPCH recommends that the experience and expertise of children and young people and families, as well as paediatric public health is appropriately represented on the Board and the executive committee. A CYP advisory group for Public Health Scotland's executive committee would ensure that children and young people are at the heart of all its work.

While we recognise the contribution of members with experience and expertise from business and industry, safeguards should be in place to prevent influence from individuals with links to health harming industries, such as tobacco or alcohol, including vested interests.

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

Not applicable

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

RCPCH has long recognised the importance of research, data and innovation in allocating resources to the right place at the right time in order to effect change. Unfortunately our recommendations in *State of Child Health* to develop the research capacity for child health in Scotland have so far not been acted upon. These recommendations are:

1. NHS Scotland and local health boards must ensure protected time in job plans for NHS clinicians to contribute to and support child health research.
2. NHS Scotland should place the 20% ring fenced time for young clinician participating in the Scottish Clinical Research Excellence Development Scheme into dedicated three to four month “research only” blocks.
3. The Scottish Government should encourage increased investment in research relating to child health, across the pharmaceutical, medical, social sciences, youth justice and education domains.

With the proposed arrangements featuring a ‘particular focus on innovation in public health intelligence and data science’ RCPCH hopes that this will enable Public Health Scotland to move these recommendations forward on with its establishment.

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

Not applicable

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

The development of Public Health Scotland represents a key opportunity to reduce inequality across all sectors of the population in Scotland and improve the health of the nation, now and in the future. However without adequate long term resourcing and embedding a culture which facilitates collaboration and partnership working, the potential impact will not be achieved. It is vital that integration take place with national agencies in the health and equalities fields. There is an important role to be played by the Royal Colleges and national charities in contributing expert views and in helping to deliver public health messages to key audiences.

## 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?

Not applicable

**For further information about any aspect of this consultation response, please contact Claire Burnett, External Affairs Manager RCPCH Scotland [Claire.burnett@rcpch.ac.uk](mailto:Claire.burnett@rcpch.ac.uk)**

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[https://www.rcpch.ac.uk/sites/default/files/Service\\_Specification\\_for\\_the\\_clinical\\_evaluation\\_of\\_children\\_and\\_young\\_people\\_who\\_may\\_have\\_been\\_sexually\\_abused\\_September\\_2015.pdf](https://www.rcpch.ac.uk/sites/default/files/Service_Specification_for_the_clinical_evaluation_of_children_and_young_people_who_may_have_been_sexually_abused_September_2015.pdf)

ii <https://www.rcpch.ac.uk/resources/state-child-health-scotland-two-years>