Public Health Reform

Improving Health Commission

Current Health Improvement Landscape

Contents

Introduction and purpose

The purpose of this paper is to describe the current health improvement landscape in Scotland, covering key issues such as workforce, structure and function both locally and nationally.

Public health comprises three domains (health improvement, health protection, improving health services) underpinned by public health intelligence. The Review of Public Health in Scotland[1] defines the health improvement domain as:

'A broad set of activities to create the circumstances for better health and reduced health inequalities within populations'.

This includes attention to:

- prevailing cultures and values
- the health impact of policies/programmes across the wider determinants of health (housing, employment, transport, poverty, etc)
- behaviour-change interventions
- support for community-led action to improve health.

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[1] 2015 Review of Public Health in Scotland; Scottish Government, Feb 2016

It is important to recognise that all sectors – public, third and private – have roles that make a significant contribution to health improvement.

The Workforce

Core workforce
In 2015 the Centre for Workforce Intelligence (CfWI)[2] was commissioned by NHS Health Scotland on behalf of Scottish Government to map the core public health workforce in Scotland to inform the wider Public Health Review. It defined the core workforce as:

'All staff engaged in public health activities that identify public health as being the primary part of their role.'

The CfWI identified 10 roles within the core public health workforce fitting this definition (see Table 1). Individuals may move between these roles as their career develops, and a small number may be in more than one role at one time. For instance, Directors of Public Health will also be consultants and specialists, and public health scientists may also be public health academics. The CfWI estimates that there are in the order of 6,250 to 6,540 people working in Scotland in the core public health workforce.

Only one of these groups (public health programme managers and practitioners) major on health improvement and the rest make varying contributions. As such it is very difficult to separate out and quantify the specific health improvement capacity within the system. It is fair to say it is a small minority of the overall public health capacity.

Table 1: Summary of the core public health workforce in Scotland

Role	Summary description	Estimated numbers (headcount)*
Public health consultants, specialists and specialist trainees	Work at a strategic or senior management level or at senior level of scientific expertise to influence the health of entire communities	189
Directors of Public Health	Responsible for determining overall vision and objectives for public health both within local Health Boards (14) and national Health Boards (4) *[these are also counted as consultants or specialists]*	*[18]*
Public health academics	Lecturers, researchers and teachers employed in higher education, whose primary focus is public health	360

Public health managers and practitioners	Work across the system and at all levels delivering public health programmes in health improvement, e.g. smoking cessation, alcohol dependency	970
Public health scientists	Perform a scientific role in support of public health objectives	50
Intelligence and knowledge professionals	Staff employed in data analysis, informatics and presentation of public health information	370 to 660
Health visitors	Work as part of a primary healthcare team, assessing the health needs of individuals, families and the wider community	2,185
School nurses	Nurses who advise and support pupils within schools on preventing illness and remaining healthy	500
Public health nurses (excluding health visitors and school nurses which are listed separately)	Nurses who advise people in the community on preventing illness and remaining healthy. Work mostly in health protection, e.g. TB, infection prevention and control, HIV	640
Environmental health professionals	Work in improving, monitoring and enforcing public and environmental health standards (core to the delivery of health protection and part of the joint health protection team).	980
	Total	**6,250 to 6,540**

* note; this is based on 2015 data so may not directly reflect the 2018 position

Wider or non-core workforce
In addition to the core workforce there is a wider (so-called non-core) workforce that make an essential and significant contribution to the health improvement domain of public health.

The Royal Society for Public Health (RSPH) published a report[3] in 2015 on the wider public health workforce in England. They used a definition for the wider workforce as:

'Any individual who is not a specialist or practitioner in public health but has the opportunity or ability to positively impact health and wellbeing through their paid or unpaid work'.

There is almost no limit to the range of groups and organisations whose staff fall into the category of wider public health workforce. Examples include:
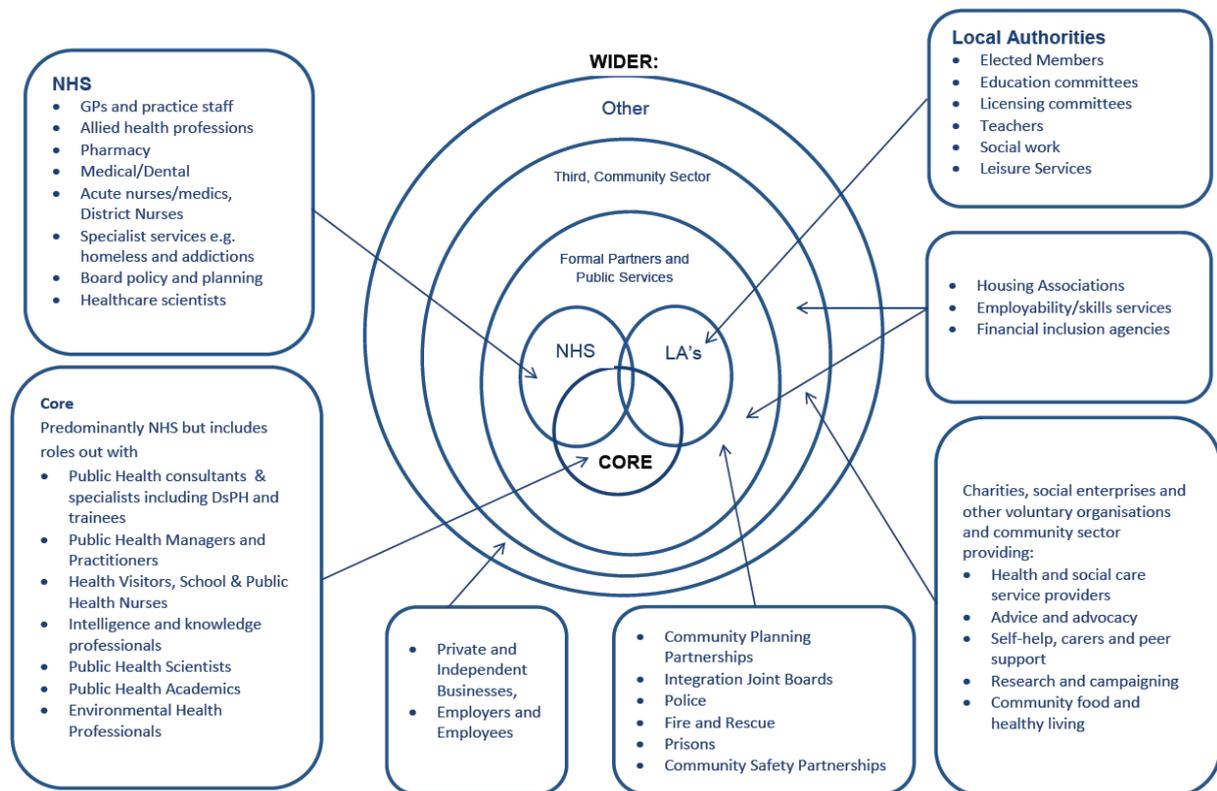
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[3] Royal Society of Public Health (2015), Rethinking the Public Health Workforce

- police
- fire and rescue services
- teachers
- social work and social care
- licensing officers
- welfare rights
- housing
- transport
- planning
- employability
- leisure services
- medicine
- nursing
- pharmacy
- dentistry
- allied health professions
- voluntary and community-led health organisations (some focussed explicitly on health issues, such as community food and health initiatives and mental health projects; others contributing through action on wider influences on health, such as poverty and greenspace);
- services located in government, scrutiny or private sector bodies, including those ensuring healthy and safe working environments, those responsible for travel infrastructure, and those setting welfare system parameters.

The RSPH report [ibid] estimated that 20 million people worked in wider public health in England, which pro-rata for Scotland would be over 2 million people. This amounts to over half of the working age population of Scotland.[4]

The 2015 Review of Public Health in Scotland produced an overview of the core and wider public health workforce:

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[4] Based on figures from http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Age/AgePopMig
(64% of the 5,424,800 population are aged 16 – 64)

NHS
- GPs and practice staff
- Allied health professions
- Pharmacy
- Medical/Dental
- Acute nurses/medics, District Nurses
- Specialist services e.g. homeless and addictions
- Board policy and planning
- Healthcare scientists

Local Authorities
- Elected Members
- Education committees
- Licensing committees
- Teachers
- Social work
- Leisure Services

- Housing Associations
- Employability/skills services
- Financial inclusion agencies

Core
Predominantly NHS but includes roles out with
- Public Health consultants & specialists including DsPH and trainees
- Public Health Managers and Practitioners
- Health Visitors, School & Public Health Nurses
- Intelligence and knowledge professionals
- Public Health Scientists
- Public Health Academics
- Environmental Health Professionals

Charities, social enterprises and other voluntary organisations and community sector providing:
- Health and social care service providers
- Advice and advocacy
- Self-help, carers and peer support
- Research and campaigning
- Community food and healthy living

- Private and Independent Businesses,
- Employers and Employees

- Community Planning Partnerships
- Integration Joint Boards
- Police
- Fire and Rescue
- Prisons
- Community Safety Partnerships

WIDER:
Other
Third, Community Sector
Formal Partners and Public Services
NHS LA's
CORE

Current Health Improvement Structure and Function

There are a variety of organisations, agencies, networks and groups that come together to make up the wider public health system in Scotland. These predominantly employ the public health workforce described above and as such can also be loosely categorised as core and non-core. They can be further sub-divided into those operating at a predominantly national level and those operating at a more local level.

Core national and local
Tables 2 and 3 below identify the main core health improvement bodies/groups working at a national and local level respectively and provide an overview of their structure and function. Note those designated as core are those that have a specific remit/lead role for *health improvement* and not wider *public health*. For example Health Protection Scotland has a core remit for the health protection element of public health but it does not have a core remit for health improvement (although it does have an interest/contribution). Hence it is not designated as a core national health improvement agency.

Table 2. Structure and function of core national health improvement bodies/groups

Body/group	Structure	Function
NHS Health Scotland	NHS Health Scotland is a national Health Board with the remit for health improvement.	NHS Health Scotland works to improve health and reduce health inequalities.
Scottish Government	The Scottish Government Health Improvement Division is within the Population Health Directorate, which is part of the Healthcare Quality and Improvement Directorate.	The Scottish Government is responsible for implementing laws and policy on matters that are devolved to Scotland including health and health improvement. It has a number of civil servants responsible for 'core' health improvement policy covering topics such as physical activity, food and obesity and substance misuse.
Alcohol Focus Scotland (AFS)	AFS is a small national third sector organisation in receipt of funding from a variety of sources, including the Scottish Government, grant giving bodies, and self-generated income.	AFS is the national charity working to prevent and reduce alcohol-related harm. It has five strategic objectives: • effective policy and implementation • understanding the harm • increase price • control sales • restrict marketing.
Food Standards Scotland (FSS)	FSS was established by the Food (Scotland) Act 2015 as a non-ministerial office, part of the Scottish Administration, alongside, but separate from, the Scottish Government.	FSS's remit is to help protect the public from risks to health which may arise through the consumption of food and advise on how what we eat will promote good health. To deliver this, FSS has the following specific functions: • to develop and help others develop policies on food and animal feed • to advise the Scottish Government, other authorities and the public on food and animal feed • to keep the Scottish public and users of animal feed advised to

Body/group	Structure	Function
		help them make informed decisions about food and feed stuffs • to monitor the performance of food enforcement authorities.
Action on Smoking and Health (Scotland)	ASH Scotland is the independent Scottish charity taking action to reduce the harm caused by tobacco.	ASH Scotland's strategic priorities include: • focussing on smokers with mental health issues • tacking tobacco to help reduce poverty • ensuring the next generation is smoke-free • shifting attitudes, cultures and social norms • driving action on smoking and health.
Obesity Action Scotland (OAS)	OAS is a small third sector organisation. It was established in 2015 to provide clinical leadership and independent advocacy on preventing and reducing overweight and obesity in Scotland. It is grant-funded by the Scottish Government and hosted by the Royal College of Physicians and Surgeons of Glasgow on behalf of the Academy of Medical Royal Colleges and Faculties.	The main aims of OAS are to: • raise awareness and understanding of what drives obesity and the health problems associated with obesity and overweight with health practitioners, policy makers and the public • evaluate current research and identify strategies to prevent obesity and overweight based on the best available evidence • work with key organisations in Scotland, the rest of the UK and worldwide, to promote healthy weight and wellbeing
Partnership for Action on Drugs in Scotland (PADS)	PADS is a cross-sectoral group chaired by the Minister for Public Health, Sport and Wellbeing. It has been running since January 2016 and covers five key areas:	The purpose of PADS is to provide the necessary leadership in order to continue to tackle problem drug use in Scotland, building on the actions set out in the Road to Recovery Strategy. The Partnership will

Body/group	Structure	Function
	• prevention and education • reducing harm and deaths • improving quality of service • building recovery-centred communities and reducing stigma • research, data and evidence	coordinate, direct and oversee the implementation of a programme of work, particularly through three themed groups, to deliver outcomes and benefits that minimise harm caused by problem drug use
Scottish Health Promotion Managers Group (SHPMG)	SHPMG brings together health promotion managers (or equivalent) from across the regional NHS Board area, including some from H&SCPs, plus relevant Heads of Service from NHS Health Scotland. The Chair rotates round members and the secretariat is provided by the Scottish Public Health Network (ScotPHN).	Although each Health Promotion Manager primarily operates at a local/regional level they come together through SHMPG nationally to coordinate the planning and delivery of health improvement policy and practice.
Scottish Health Action on Alcohol Problems (SHAAP)	SHAAP was set up in 2006 by the Scottish Medical Royal Colleges through their Scottish Intercollegiate Group (SIGA). SHAAP is based within the Royal College of Physicians of Edinburgh (RCPE) and its work is guided by a Steering Group with representation from the Medical Royal Colleges and Faculties in Scotland.	SHAAP provides the authoritative medical and clinical voice on the need to reduce the impact of alcohol related harm on the health and wellbeing of people in Scotland and the evidence-based approaches to achieve this.
Scottish Physical Activity and Health Alliance (PAHA)	PAHA is a network that engages a variety of people from different sectors and professions who are involved in the promotion of physical activity and health in Scotland.	PAHA works to: • connect people to information including evidence, policy and practice across a range of settings, sectors and professions involved in physical activity in Scotland

Body/group	Structure	Function
		• connect people with each other within and across a range of professions, sectors and settings • connect people to policy providing the opportunity to inform policy development
Addaction Scotland	Addaction Scotland is a national third sector organisation and the largest provider of drug and alcohol support services outwith the NHS in Scotland. They provide a wide range of specialist help is available throughout Scotland in the following areas.	Addaction Scotland has expertise in a wide range of services including; • pregnancy and early years • community alcohol support • community recovery rehab • older people • mutual aid partnerships • blood borne virus (support through testing and treatment) • harm reduction and education and employment.
Scottish Association for Mental Health (SAMH)	SAMH is a national third sector organisation that provides services and run national programmes around mental health.	SAMH operates over 60 services in communities across Scotland providing mental health social care support, homelessness, addictions and employment services, among others. They also run national programmes including See Me, respectme, and programmes around suicide prevention, and sport and physical activity, which inform their policy and campaign work.

Table 3. Structure and function of core local health improvement bodies/groups

Body/group	Structure	Function
Local NHS Boards	NHSScotland includes 14 local health boards which are responsible for the protection and the improvement of their population's health and for the delivery of healthcare services. Each of the 14 health boards has a health improvement team which vary in shape and size. The teams are closely aligned to local community planning arrangements and health and social care partnerships. In some cases the team is managed within Health and Social Care Partnership. In some health board areas there is a health improvement function with the board as well as delegated health improvement teams within each of the board's health and social care partnerships. The core remit of the local health promotion department is to design and deliver (either directly, in partnership or by commissioning a third sector organisation) preventative approaches, interventions and services. As well as influence partners to more upstream preventative approaches and methods.	The National Health Service (Scotland) Act 1978, Section 2A (1) states: *"It is the duty of every Health Board and Special Health Board and of [HIS and] the Agency to promote the improvement of the physical and mental health of the people of Scotland."* Section 2A of the 1978 Act was previously devolved to statutory Community Health Partnerships and is now delegated to Integration Joint Boards. Details of health care services and functions that have been delegated from Health Boards to IJBs is described in each IJB's scheme of delegation It is important to note that the function is only *delegated* to the IJB, it is not transferred. Therefore, the NHS Board and Local Authority are ultimately still statutorily responsible for the functions that have been delegated. As a result of the local context, there are different partnership arrangements in place in each of the 14 local Health Board areas.
Integrated Joint Boards (IJBs)	There are 31 IJBs in Scotland, each employing a wide and varied workforce. Some IJBs	IJBs bring together local and health and social care services. The National Health and Wellbeing Outcomes apply across all integrated

Body/group	Structure	Function
	contain the local health improvement capacity.	health and social care services and are intended to provide a strategic framework for the planning and delivery of health and social care services. One of these outcomes specifically requires IJBs to contribute to a local reduction in health inequalities (see also Local NHS Boards above).
Community Planning Partnerships (CPPs)	There are 32 CPPs across Scotland, one for each council area. Each local authority area has its own CPP which brings together local public sector bodies with local communities to design and deliver better local services.	CPPs plan and provide public services in a local area. Each CPP focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality. Health improvement is one of the issues covered by CPPs. It is envisaged that CPPs will play a key role in realising the new national Public Health Priorities. CPPs are responsible for producing two types of plan to describe their local priorities and planned improvements: • Local Outcomes Improvement Plans, which cover the whole council area • Locality Plans, which cover smaller areas within the CPP area, usually focusing on areas that will benefit most from improvement.
Glasgow Centre for Population Health (GCPH)	GCPH is a third sector organisation that focusses on understanding the causes of health inequalities and identifying and supporting the implementation of solutions.	GCPH seeks to generate insights and evidence, support new approaches, and inform and influence action to improve health and tackle inequality.

Body/group	Structure	Function
		Their current work programme is focused on four main themes: • action on inequality across the life-course • understanding health, health inequalities and their determinants • sustainable, inclusive places • innovative approaches to improving outcomes.

Non-core national and local

Appendix 1 lists some of the key non-core health improvement bodies/groups working at national and local levels.

UK Public Health Systems

How all of the bodies/groups that either lead or contribute to public health and the wider public health workforce are managed and work together is broadly what we mean by the *wider* public health system. The public health system itself covers a more defined set of organisations whose core role is public health. Each of the UK nations has a different public health system in place and each will have its own advantages and disadvantages.

NHS Health Scotland has produced a briefing (appendix 2) that describes these arrangements across the UK but in summary public health systems in all but one of the four UK nations are located within NHS structures. The exception is Public Health England (PHE), which is an executive arm of the Department of Health. In addition it is the only system where the Director of Public Health and their local health improvement teams are employed by local authorities.

Scotland has a number of national public health agencies (NHS Health Scotland, National Services Scotland, Healthcare Improvement Scotland) with a separate public health workforce deployed locally. These are mainly distributed across Corporate Public Health Directorates and/ or Health and Social Care Partnerships within territorial Boards. One of the Boards (Borders) has a shared Director of Public Health post across the NHS and local authority.

All systems are ultimately accountable to politicians who hold NHS portfolios, either at cabinet secretary or ministerial levels. It is recognised in all UK nations that improving and protecting the public's health and delivering greater health equity requires a whole life course approach, tackling the wider determinants of health in local communities, and

through joined-up policy making at a national level. In all four nations there is an explicit commitment to the values of integration, cooperation and collaboration.

Appendix 1: National and local non-core health improvement bodies/groups

Level	Body / Group	Remit
National non-core	Scottish Government	In addition to the core health improvement policies described in table 2, Scottish Government also has responsibility for policy areas that are not directly badged as health improvement but which impact on health improvement. We know from the Theory of Causation of health inequalities that it is ultimately these areas outwith health policy which have the greatest potential to impact on heath outcomes, such as economic policy, education, environment, social and community justice, welfare, employment, housing etc.
	Scottish Directors of Public Health Group (SDPHG)	The group consists of Scottish Directors of Public Health, or acting Directors of Public Health; and the Medical Directors / DPH of National Agencies. Unlike the Scottish Health Promotion Managers, the SDPHG cover all elements of public health, not just health improvement. The groups objectives are to: • provide leadership and advocacy nationally on matters affecting the public's health. • plan, initiate and co-ordinate matters relating to public health in Scotland. • act as a coherent professional team and knowledge network and a means of disseminating relevant information. • provide close liaison with the CMO and the Scottish Government health directorates, in particular the CMO's directorate. • liaise with the Faculty of Public Health in Scotland, relevant public health bodies nationally/internationally.

Level	Body / Group	Remit
		- influence public health priorities. - provide a source of mutual support to individual DsPH - facilitate collaborative working across Scotland via the Scottish Public Health Network.
	National NHS Boards	There are currently 7 national boards and 1 public health body who support the regional NHS Boards by providing a range of important specialist and national services: - NHS Education for Scotland: Quality Education for a Healthier Scotland. - NHS Health Scotland: Promoting ways to improve the health of the population and reduce health inequalities. - NHS National Waiting Times Centre: Ensuring prompt access to first-class treatment. - NHS24: Providing health advice and information. - Scottish Ambulance Service: Responding to almost 600,000 accident and emergency calls and taking 1.6 million patients to and from hospital each year. - The State Hospitals Board for Scotland: Providing assessment, treatment and care in conditions of special security for individuals with a mental disorder whom because of their dangerous, violent or criminal propensities, cannot be cared for in any other setting. - NHS National Services Scotland: Supplying essential services including health protection, blood transfusion and information

Level	Body / Group	Remit
		• Healthcare Improvement Scotland: Delivering high quality, evidence-based, safe, effective and person-centred care, and scrutinising services to provide public assurance about the quality and safety of healthcare.
	Scottish Public Health Network (ScotPHN)	ScotPHN aims to: • undertake prioritised national pieces of work where there is a clearly identified need. • facilitate information exchange between public health practitioners, link with other networks and share learning (ScotPHN currently hosts a number of other, related networks including The Scottish Health and Inequalities Impact Assessment Network (SHIIAN), Health Economics Network for Scotland (HENS) and Scottish (Managed) Sustainable Health Network (SMaSH)) • create effective communication amongst professionals and the public to allow efficient co-ordination of public health activity.support and enhance the capabilities and functionality of the Scottish Directors of Public Health Group.
	Education Scotland	Education Scotland is a Scottish Government Executive Agency charged with supporting quality and improvement in Scottish Education and thereby securing the delivery of better learning experiences and outcomes for Scottish learners of all ages.

Level	Body / Group	Remit
	Community Justice Scotland	Through innovation and change CJS work to prevent offending, reduce the number of victims and introduce world-leading standards of community justice across Scotland.
	Care Inspectorate	The Care Inspectorate is a scrutiny body which supports improvement. That means it looks at the quality of care in Scotland to ensure it meets high standards. Its vision is that everyone experiences safe, high-quality care that meets their needs, rights and choices.
	Scottish Natural Heritage (SNH)	SNH promote and care for the natural heritage, enable people to enjoy the outdoors and support those who manage it.
	Audit Scotland (AS)	AS give independent assurance to the people of Scotland that public money is spent properly, efficiently and effectively.
	SportScotland	SportScotland is the national agency for sport in Scotland. It sees a Scotland where sport is a way of life, where sport is at the heart of society, making a positive impact on people and communities.
	Scottish Environmental Protection Agency (SEPA)	As a non-departmental public body of the Scottish Government, SEPAs role is to make sure that the environment and human health are protected, to ensure that Scotland's natural resources and services are used as sustainably as possible and contribute to sustainable economic growth.
	Health and Social Care Alliance	The ALLIANCE has over 2,200 members including large, national support providers as well as small, local volunteer-led groups and people who are disabled, living with long term conditions or providing unpaid care. Its vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid

Level	Body / Group	Remit
		carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.
	Voluntary Action Scotland (VAS)	VAS is the umbrella organisation for the network of local Third Sector Interface (TSI) organisations (see below). As the network organisation, VAS brings together TSI organisations to deliberate, decide and plan together to strengthen the voice and impact of the local third sector; and works on behalf of TSI organisations to increase their reach and amplify their voice at national level.
	Sustrans Scotland	Sustrans is a UK sustainable transport charity. Its flagship project is the National Cycle Network, which has created over 14,000 mi of signed cycle routes throughout the UK.
	Paths for All (PfA)	PfA is a Scottish charity that champions walking in Scotland, for everyone, every day and everywhere.
	The Scottish Urban Regeneration Forum (SURF)	SURF is the independent regeneration network for Scotland. It seeks to improve regeneration policy and practice and works with policy makers in the Scottish Government and its agencies.
	The Scottish Community Development Centre (SCDC)	SCDC supports best practice in community development and is recognised by the Scottish Government as the national lead body for community development. The organisation works across sectors and with a wide range of professions to support community engagement and community capacity building in any context and at strategic and practice level.
	Scottish Council for Voluntary Organisations (SCVO)	SCVO is the national membership organisation for Scotland's charities, voluntary organisations and social enterprises.

Level	Body / Group	Remit
	Voluntary Health Scotland (VHS)	VHS works to improve recognition of the voluntary health sector's role in creating a fairer, healthier Scotland. It supports its members and wider network to strengthen their engagement with health agendas. It also provides a platform and a bridge for voluntary health organisations to be heard by policy makers.
	Poverty Alliance	The Poverty Alliance's aim is to combat poverty by working with others to empower individuals and communities to affect change in the distribution of power and resources.
	Shelter Scotland	Shelter Scotland is a charity that works to alleviate the distress caused by homelessness and bad housing. It does this by giving advice, information and advocacy to people in housing need, and by campaigning for lasting political change to end the housing crisis for good.
	Crisis Scotland	Crisis Scotland works directly with thousands of homeless people every year to provide vital help so that people can rebuild their lives and are supported out of homelessness for good.
	Scottish Human Rights Commission	The Scottish Human Rights Commission promotes and protects human rights for everyone in Scotland. It is an independent public body, with accreditation as an A-status National Human Rights Institution.
	Joseph Rowntree Foundation (JRF)	JRF's purpose is to inspire social change. The JRF is an endowed foundation funding a UK-wide research and development programme.
	Oxfam	Oxfam is a global movement of millions of people who share the belief that, in a world rich in resources, poverty isn't inevitable.
	Poverty and Inequality Commission	The Poverty and Inequality Commission provides independent advice to Scottish

Level	Body / Group	Remit
		Ministers on poverty and inequality, monitors progress and proposes solutions to reduce poverty and inequality in Scotland.
	Child Poverty Action Group (CPAG)	CPAG works to understand what causes poverty, the impact it has on children's lives, and how it can be solved – for good. It also provides accurate information, training and advice to the people who work with hard-up families, to make sure they get the financial support they need.
	Scottish Parliament Health and Sport Committee	The role of the Health and Sport Committee is to scrutinise the Scottish Government's policies and expenditure in relation to Public Health, Sport, Physical Activity and Wellbeing.
	Improvement Service	The Improvement Service's purpose is to help councils and their partners to improve the health, quality of life and opportunities of all people in Scotland through community leadership, strong local governance and the delivery of high quality, efficient local services.
	Convention of Scottish Local Authorities (COSLA)	COSLA is the voice of Local Government in Scotland. It provides political leadership on national issues, and work with councils to improve local services and strengthen local democracy. COSLA is co-leading public health reform in Scotland with the Scottish Government.
	Society of Local Authority Chief Executives and Senior Managers (SOLACE)	While being an important component of the UK framework, the Scottish branch of SOLACE operates largely independently as the representative body for senior managers working within local government. The Society's members are drawn from a variety of backgrounds, and while engaging with all major players in Scottish governance at both local and

Level	Body / Group	Remit
		national level, SOLACE Scotland has a unique role to play in offering a corporate view of local government.
	King's Fund	The King's Fund is an independent charity working to improve health and care in England. Its vision is that the best possible health and care is available to all.
	Health Foundation	The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
	Scottish Collaboration for Public Health Research and Policy (SCPHR)	SCPHR was established in 2008 and is co-funded by the Medical Research Council (MRC) and the Chief Scientist Office (CSO). It was established to encourage and facilitate collaborations between all sectors of the public health community in Scotland.
	Chartered Institute for Housing (CIH)	The Chartered Institute for Housing is the independent voice for housing and the home of professional standards.
	Scottish Federation of Housing Associations (SFHA)	SFHA is the national representative body for Scotland's housing associations and co-operatives.
	Royal Town Planning Institute Scotland	RTPI is the principal body representing planning professionals in the United Kingdom and Ireland. It promotes and develops policy affecting planning and the built environment.
	Planning Aid for Scotland (PAS)	PAS is a charity and its role is to: • ensure that everyone has access to the planning system • provide knowledge and information to all people • help people to understand how the planning system works • enable all people to play their part
	Architecture and Design Scotland (ADS)	ADS's purpose is to promote the value good architecture and sustainable design adds to everyone's lives. Its role is to help people – whether by enabling them to get

Level	Body / Group	Remit
		more involved in shaping the places they live in or improving the design of the buildings they use. ADS is a partner in the Place Standard.
Local non-core	Local Government	There are 32 local authorities in Scotland. Each of these has responsibility for a range of services that can support local health improvement. Examples include housing, education, sport and recreation, environment, spatial and urban planning.
	Third Sector Interfaces (TSIs)	Third sector interfaces provide a single point of access for support and advice for the third sector within the local area. There is a network of 32 interfaces across Scotland: one for each local authority. Scottish Government funds TSIs to deliver the following actions across their local authorities: • volunteering development • social enterprise development • supporting and developing a strong third sector • building the third sector relationship with community planning.
	Regional Collaboratives	Three Regional Collaboratives have been formed in the West, East and North of Scotland made up of the local Health Boards working in partnership with Integrated Joint Boards (IJBs), Health and Social Care Partnerships (HSCPs), Community Planning Partnerships (CPPs) and other organisations from across the public sector and third sector. In order to deliver against the aims of the Health and Social Care Delivery Plan, the Scottish Government asked NHS Boards to

Level	Body / Group	Remit
		work on a regional basis to consider if and how services and patient care could be better delivered by making use of our collective expertise and resource. The Regional Collaborative's delivery plans are not yet out for consultation but it is likely that their role with include elements of health improvement.

Appendix 2: Public health arrangements across the UK – A summary

Introduction

Learning from the ways in which the other three UK nations undertake their public health work is a key consideration in the development of Public Health Scotland. A number of colleagues, including NHS Health Scotland and ScotPHN staff, Directors of Public Health and the UK Public Health Network, have examined the arrangements of our sister nations. This document is an informal collation of their findings and adds supplementary information sourced from the websites of the three agencies.

The aim is to provide colleagues working on public health reform, and especially those inputting to the Commissions, with an accessible summary of arrangements elsewhere in the UK. The intention is not to make judgements about what works best, nor to make recommendations for Public Health Scotland. It is important, therefore, to read and share this report in the context of being one take on several different perspectives and taken at certain points in time.

This report is as comprehensive as it can be, but is not exhaustive. If you have information you can add to this shared resource, please contact Elspeth Molony, who will endeavour to keep the document accurate and up to date on behalf of the NHS Health Scotland Change Oversight Group and partner colleagues who wish to make use of this resource.

Summary

Public health systems in all but one of the four UK nations are located within NHS structures. The exception is Public Health England, which is an executive arm of the Department of Health. All are ultimately accountable to politicians who hold NHS portfolios, either at cabinet secretary or ministerial levels. It is recognised in all UK nations that improving and protecting the public's health and delivering greater health equity requires a whole life course approach, tackling the wider determinants of health in local communities, and through joined-up policy making at a national level. In all four nations there is an explicit commitment to the values of integration, cooperation and collaboration.

It is interesting to note from a yet-unpublished report from the UKPHN that "the past decade has seen a shift in the provision of national public health services from multiple agencies to a single public health agency with a more comprehensive remit. This is the case for England, Finland, France, Sweden, and Wales. The National Institute for Public Health in Norway is also currently in the process of being reorganised."

Public health arrangements in our sister nations

	Public Health England (PHE)	**Public Health Agency for Northern Ireland (PHA)**	**Public Health Wales (PHW)**

Role and remit	• To protect and improve the public's health and wellbeing and reduce health inequalities.
	• PHE covers:
	  - Health Improvement
	  - Health protection
	  - National Infection service
	• PHE does not cover:
	  - Healthcare PH, which is covered by NHS England, Specialist Agencies (e.g. NHS Specialist services), NHS Foundations Trusts, and Clinical Commissioning groups (but see below section on Health and social care public health).
	  - Local DPH and health improvement services, with elements of wider public health and wellbeing, public and environmental protection within the 326 local authorities in England.
		• To improve and protect health and wellbeing, reduce health inequalities, promote healthy habits and reduce barriers to good health, improve the quality and safety of care services, and support related research and innovation.
		• PHA covers:
		  - Health and social wellbeing improvement
		  - Health protection
		  - HSC research and development:
		  - Service Development & Screening
		• PHA's functions are broader than the other agencies, including a role in service safety and quality, the dissemination of learning from serious adverse incidents, and the Safety forum and the NI support to the confidential enquiry into maternal and child deaths.
			- To protect and improve health and wellbeing and reduce health inequalities for people in Wales.
			- PHW has four statutory functions:
			  - To provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to the surveillance, prevention and control of communicable disease.
			  - To develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public
			  - To undertake and commission research and to contribute to the provision and development of training.
			  - To undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales.
			  - To provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health related matters.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
Origins	• Established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.	• Established in 2009 under a major reform of health structures in Northern Ireland.	• Established on 1 October 2009. • Information about the process of unification of PH services in Wales is available here.
Strategic plans	• Strategic plan • Business plan	• Corporate Plan • Business Plan	• Strategic Plan - Creating a Healthier, Happier and Fairer Wales

Strategic priorities	• From their Remit Letter:
	  - PHE will support the national response to the risk and harm from infectious diseases and environmental hazards, as well as addressing global threats to public health, with a particular focus on antimicrobial resistance, local health protection, high consequence infectious diseases incidents, global health.
	  - To secure the greatest gains in health and wellbeing, PHE will support the Government, local government and the NHS to build healthy communities and support people to make healthier choices across the life course, with a particular focus on: health inequalities, best start in life, obesity, smoking, mental health, NHS health checks, sexual and reproductive health.
		• Their Corporate Plan states that they focus on five key outcomes:
		  - All children and young people have the best start in life.
		  - All older adults are enabled to live healthier and more fulfilling lives.
		  - All individuals and communities are equipped and enabled to live long healthy lives.
		  - All health and wellbeing services should be safe and high quality.
		  - Our organisation works effectively.
			• Their Strategic Plan states the following priorities:
			  - Working collaboratively and providing system leadership to improve our population's health
			  - Working across sectors to improve the future health and well-being of our children
			  - Developing and supporting primary and community care services to improve the public's health.
			  - Supporting the NHS to improve outcomes for people using services.
			  - Influencing policy to protect and improve health and reduce inequalities.
			  - Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
	- Prevention and demand management. - To enable the delivery of public health priorities now and in future, PHE will support the development of the public health and NHS system as a whole, with a particular focus on: supporting local delivery, New Assurance and Financial Frameworks, public health workforce, tailored review implementation.		• Developing the organisation to be the best it can be.
Staffing	• c. 5,500	• c. 300	• c. 1,700
Budget and funding arrangements (i.e. what is core or short term – sustainable planning etc. Outcome bundle?	• c. £297 million, including: - £81.9m Protection from infectious diseases - £18.2m Protection from environmental hazards and emergency preparedness - £68.4m Local centres and regions - £24.2m Knowledge, intelligence, digital & research - £14.9m National disease regeneration - £7m PHE Harlow - £14m QA screening programmes - £26.1m Health and wellbeing and strategy - £1.2m Nursing - £41.9m Health marketing	• c. £100 million, including: - £16.2m staff costs • This is out of a total health and social care budget of c. £5b (around 2% of expenditure). Some of this is not for what would be classed as a public health function in other parts of the UK. The budget of the PHA reflects the organisation's structure and functions and the greater proportion of the resource is to support health improvement and screening programmes. • There has been some income generation via local government, rural development funding, European Union monies and cross border monies related to Ireland,	• c. £106 million, including: - £70.4 Pay - £7.3m Clinical Services - £165k S&S General - £5.3m Establishment - £3.2m Premises - £428k Consultancy - £2.8m Other - £3.3m Depreciation - £14.5m NHS Recharge and Grants - £4.4m LA Grants

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
	- £3.2m Global - £40.2 Business support and estate - £44.2m Royalties & balances Other funding: - £3,090.5m ring-fenced local authority grant - £450.7m vaccines and counter measures - £48.5m developing cancer and non-cancer screening - £165.1m commercial income	although there is a small risk that these pots of money can also distort priorities.	
Governance and operating context	• PHE is an executive agency of the Department for Health and Social Care in the UK Government. • It fulfils the Secretary of State's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation. • The Minister for Public Health sets out the government's requirements of PHE in an annual remit letter. • PHE has operational autonomy. They have a Framework Agreement with the DoH, which says that PHE is free to speak to the evidence and its professional judgement. Being an executive agency of the DoH gives PHE a closer relationship with the Secretary of State than NHS England, which is a non-departmental public body.	• PHA (full name 'Regional Agency for Public Health and Social Wellbeing') is a statutory body. • They have a management agreement with the Department of Health in the NI Executive and are therefore accountable to the Health Minister. PHA is linked through governance arrangements with the NI Health and Social Care Board (HSCB), which commissions health and social care services for the population of Northern Ireland. The DPH and Director of Nursing sit on both the PHA board and on the HSCB Board and two executive directors from the HSCB sit on the PHA Board and work jointly across the two organisations. • PHA has a strong relationship with the Chief Medical Officer, which allows early	• As a national NHS Trust, PHW has an independent Board working to the Welsh Assembly Government (WAG). • They report to the Cabinet Secretary for Health, Well-being and Sport. • There are seven local PH Teams embedded in local health boards • PHW links to the Welsh Local Government Association and via LPHT within LHBs to local authorities. • PHW, health boards and local authorities work closely together and jointly identify and set the local strategic agenda in partnership with communities, housing, education, police, fire and rescue and the voluntary sector.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
		input into the development of an evidence base for emerging policy. • PHA is supported by five local commissioning groups and 17 integrated care partnerships which are Primary Care led.	
Legislative and policy drivers	• Health and Social Care Act 2012: local authorities have, since 1 April 2013, been responsible for improving the health of their local population and for public health services including most sexual health services and services aimed at reducing drug and alcohol misuse.	• Making Life Better 2012–2023 is NI's ten year public health strategic framework and PHA is the lead agency for regional implementation. The framework provides direction for policies and actions to improve the health and wellbeing of people in NI. • The framework seeks to create the conditions for individuals and communities to take control of their own lives and move towards a vision of Northern Ireland where all people are enabled and supported in achieving their full health and wellbeing potential and to reduce inequalities in health. • The Health and Social Services (Reform) Northern Ireland Act 2009 introduced Personal and Public Involvement (PPI) into statute. PPI is the active and effective involvement of service users, carers and the public in HSC services.	• The Future Generations (Wales) Act 2015 defines long-term goals to improve wellbeing of the population in Wales.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
Structure	• PHE has an intentional emphasis on professional health leadership. They have three professional leaders for health protection, for health improvement and population health and a Chief Knowledge Officer. • These three professionals will be complemented by a Chief Operating Officer, and directors for strategy, programmes, finance and corporate services, and human resources. • They have 8 local centres, plus an integrated region and centre for London, and 4 regions (north of England, south of England, Midlands and east of England, and London). • The PHE leadership organogram sets out roles and responsibilities.	• PHA has four divisions: - Health Protection - Health and Social Care Research and Development - Development and Screening - Health Improvement. • There is one Director of Public Health in NI, employed by PHA. This means there is a challenge to provide as much senior level input to as wide a range of strategic contexts across the whole range of determinants of health as one might ideally wish.	• PHW has the following directorates: - Operations and Finance - Public Health Services - Quality, Nursing and Allied Health Professionals - Health and Wellbeing - People and Organisational Development - Policy, Research and International Development - NHS Quality Improvement and Patient Safety
Health improvement	• PHE works to make the public healthier and reduce differences between the health of different groups by promoting healthier lifestyles, advising government and supporting action by local government, the NHS and the public. This includes work on: - Alcohol - Drugs and tobacco - Diet and obesity - Disease registration	• PHA's health and social wellbeing improvement work covers four key themes: - Give every child and young person the best start in life, including - Ensure a decent standard of living for all with a particular focus on poverty and fuel poverty. - Build sustainable communities with a particular focus on mental health promotion and suicide awareness and prevention; prevention of	• PHA's health improvement work is described as "Working across agencies and providing the population with services to improve health and reduce health inequalities". They are working to align action nationally: They have established a strategic initiative called Cymru Well Wales, which is a partnership between public and third sector organisations who are committed to working together to secure better health for the people of

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
	- Health intelligence (including knowledge management) - Research, translation and innovation - National screening programmes and QA - Dental PH - PH pharmacy - Child health - Adults and older people - Musculoskeletal - Mental health - Sexual health - Work and health - Learning disability - Physical activity and cardiovascular disease (prevention) - Health inequalities - Healthy places - Health and justice - Behavioural science • Health improvement policy leads are all within PHE and accountable to the agency. - Local health improvement leads and staff are (commonly) employed by local authorities and managerially and professionally accountable to the DsPH.	obesity; smoking cessation; reducing drug and alcohol misuse; and reducing teenage pregnancy. - Make healthy choices easier, with a particular focus on tackling childhood obesity, improving wellbeing through peace of mind, stopping smoking, highlighting the dangers of emerging drugs and averting an alcohol crisis.	Wales. They are working to better align the activities and resources of communities, schools, local authorities, health care, housing, police, fire and rescue services, our environment, workplaces, sports and leisure activities. • They have agreed with partners through the Transforming Health Improvement implementation programme to focus their collective health promotion efforts on addressing tobacco use, alcohol use, physical inactivity, and poor nutrition and obesity. • They are working to align action on mental health and wellbeing. • PHW plans to play an increasing role in co-ordinating action to promote behaviour change at scale through the use of social marketing approaches in three [priority areas::physical inactivity, increasing uptake of NHS Smoking Cessation Services and childhood obesity. • Health Improvement policy leads are all within PHW and accountable to the agency • Local Public Health Team (LPHT) health improvement leads and staff are employed by PHW and managerially led by local health board DsPH.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)

Health protection	• PHE is responsible for protecting the nation from public health hazards and preparing for and responding to public health emergencies.
	• This means providing the national infrastructure for health protection and includes providing:
	  - Providing an integrated surveillance system
	  - Providing specialist services, such as diagnostic and reference microbiology
	  - Developing, translating and exploiting public health science, including developing the application of genomic technologies
	  - Investigating and managing outbreaks of infectious diseases and environmental hazards
	    Ensuring effective emergency preparedness, resilience and response for health emergencies, including global health security and work on antimicrobial resistance.
	  - Acting as the focal point for the UK on the International Health Regulations.
	  - Evaluating the effectiveness of the immunisation programme and procuring and supplying vaccines.
		• PHA takes a lead role in protecting the population from infection and environmental hazards through a range of core functions including: -
		    surveillance and monitoring
		  - operational support and advice
		  - education
		  - training
		  - research
		• An Assistant DPH heads up the health protection and emergency preparedness function, supported by around 10 Health Protection Consultants and a range of other nursing and scientific staff.
		• There is a distinct surveillance function. There is a regional Health Protection Duty Room that takes all incoming health protection calls for NI, which has a coordinator, administrative staff to take calls and health protection nursing staff who respond to issues.
		• There is a very well developed system including: structured daily briefings in the morning, a daily alert bulletin for issues in Trusts, hand over process at 5.00 pm as well as more typical weekly flu reports and a quarterly bulletin. A duty Consultant covers a five day stretch at a time. There is a national on call system with tier one as StRs, tier two as Health
			• PHW provides information and advice and takes action to protect people from communicable disease and environmental hazards. This includes:
			  - Surveillance
			  - Preventing transmission of communicable disease
			  - Managing outbreaks and other incidents which threaten public health
			  - Supporting efforts to address wider harms for individuals and the population in relation to drugs and alcohol and associated vulnerabilities.
			  - A substance misuse programme which aims to reduce health inequalities, and prevent or reduce communicable and noncommunicable disease, wider harms and premature death related to substance use.
			  - Sexual health
			  - Environmental health
			  - Providing a network of microbiology services which support the diagnosis and management of infectious diseases.
			• The PHW Strategic Plan talks about developing an integrated Health Protection Service to better align the

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
		Protection Consultants, and tier three as non-Health Protection Public Health Consultants and • Director of Public Health level rota.	existing health protection and microbiology divisions. - They are creating an all-Wales microbiology network to ensure the sustainable delivery of high quality and equitable services, in support of prudent healthcare.
Healthcare public health (HCPH)	• NHS England has the remit for healthcare public health but PHE supports sustainable health and care services through, for example: - Promoting the evidence on public health interventions and analysing future demand to help shape future services - Working with NHS England on effective preventative strategies and early diagnosis; providing national co-ordination and quality assurance of immunisation and screening programmes. - Running national data collections for a range of conditions, including cancer and rare diseases. - Contributing to the 100,000 genomes project; and supporting local government and the NHS with access to high quality data and	• The PHA Service Development and Screening function is led by an Assistant Director of Public Health, with a staff of 18 people (14 FTE). The division has three Public Health Consultants working in screening services. One further consultant leads the Northern Ireland confidential Inquiry programme, one contributes to the safety forum and one to the Masters in Public Health. There are 10 staff working on service quality and commissioning. • The Public Health Framework document provides details on all functions relating to service development and screening, noting responsibilities.	• PHW is giving increasing strategic attention to HCPH but does not provide national support for HCPH functions within the LHBs. • The relevant strategic priority is "Supporting the NHS to improve outcomes for people using services", with the following objectives: - Enabling the NHS to work across the whole system to support quality improvements underpinned by the principles of prudent healthcare. - Working with NHS Wales to use patient safety as a driver for higher quality health care. - Reducing healthcare associated infection rates in NHS Wales and providing strategic leadership and responsive and flexible support with the aim of increasing immunisation uptake rates in Wales.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
	providing data analyses to improve services and outcomes.		- Leading improvements in prescribing and medicines management in NHS Wales, delivering equitable, safe and preventative care for patients. - Increasing quality improvement capacity and capability within NHS Wales and its partner organisations. - Delivering strategic leadership across NHS Wales on safeguarding people and collaborating with regional partnerships in line with key legislative drivers.
Role of local government	• Local Health Improvement Teams are directly employed by local government (see DsPH above). • A parliamentary committee enquiry held as an initial 'stocktake' of the successes and challenges arising from the new system for public health. They found evidence that the relocation of public health to local authorities in England had been largely positive, allowing public health to become integrated into all policies and to take account of the wider determinants of health.	• There are 11 local Councils and they have community planning responsibility and from a public health perspective, cover environmental health, leisure and some community development but have no formal health improvement staff.	• PHW, health boards and local authorities work closely together to promote public health in their areas and jointly identify and set the local strategic agenda in partnership with communities, housing, education, police, fire and rescue and the voluntary sector.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
Working with the third sector	• PHE highlights in their strategic plan that the third sector influences the public's health by providing people with volunteering opportunities, employment, goods, services and information, and provides advocacy for specific public health concerns. • They commit to working in collaboration with local authorities, NHS commissioners and providers, the voluntary and community sector and academics, to support local approaches to improve health and reduce health inequalities for communities.	• PHA commission services through over 600 contracts with the community and voluntary sector. Support to this extensive network has developed over many years, in part reflecting the role of the community and voluntary sector in supporting community engagement during 'the troubles'. • In all areas of the PHA's Health and Social Wellbeing Improvement Division, more than 50% of the programme budget is devoted to enabling the community and voluntary sectors to provide a range of services where there is greatest need and often in places that are hardest to reach.	• PHW "recognises the need to work in partnership across public health and the health and social care systems and also the critical importance of engaging with key stakeholders and sectors, such as criminal justice, housing, education, environment, academia, third sector, others and the public". • Cymru Well Wales brings the third sector and the public sector together in a strategic partnership working together to secure better health for the people of Wales. • PHW is supporting the development of primary care clusters for better integration with community wellness services, community assets and with partners such as social care and the third sector. PHW states that a key priority is to develop and grow Public Health skills and knowledge across the wider NHS and the whole public and third sector workforces across Wales. In support of this they are starting to set a strategy for how the role of Public Health will change over a 10 year period and what skills we need to provide to which individuals in order to enable this future.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
Local delivery function	• Local DsPH and their health improvement teams are within local government. • DsPH are employed by the local authority (but appointed jointly by the authority and PHE (on behalf of DHSC). But the structural "position" of the DPH and their team varies on an authority to authority basis. • They are corporately accountable to the employing authority as an "officer", with professional accountability via an appropriate professional route. • The DPH must be a member of the Local Health and Wellbeing Board with is jointly accountable for health and wellbeing between the local authority(ies) and the CCG(s).	• The delivery function is via primary care contractors, six Health and Social Care Trusts, Councils and extensive use of community and voluntary groups (see 'Working with the third sector' above). • There is a view that the fact that Public Health sits outside the HSCB makes it more challenging to influence service planning and commissioning and hence to encourage a population based approach to service development.	• Each of the seven health boards in Wales employs a Director of Public Health as an Executive Officer of the Board. They are accountable to the LHB and provide lead on local population health responsibilities across all domains of PH. • The DPH is supported by the critical mass of expertise employed by Public Health Wales at the local and community level and who, under an honorary contract, manages locally based Public Health Wales staff.
Specialist PH Workforce	• Specialist workforce is employed by a range of agencies. Specialists working as consultants must be appointed via a formal AAC, while other specialists can be employed on local T&Cs (either AfC or LG). • Specialist and corporately accountable to their employer(s) and professionally accountable by an appropriate route.	• Specialist workforce is employed by a range of agencies.	• All the specialist PH workforce (including LPHT members and service delivery staff) are employed by PHW and professionally accountable via PHW. • LPHT members (health improvement and health protection) are managerially led by LHB DsPH.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
Research governance arrangements	• PHE has a strategy for research, translation and innovation, which details their five priorities: - Knowledge - Infrastructure - Capacity - Innovation - Communication.	• A new research and development strategy for the Health and Social Care sector in Northern Ireland was published in 2016. The priorities are: - Strengthen links between research and better policymaking and quality of health and social care. - Increase success in competing for additional funding. - Enhance the current research infrastructure. - Emphasise relevant research whilst effectively disseminating the findings	• PHW has a research strategy that sets out their commitments to develop and sustain an organisational culture that generates and uses research efficiently and effectively. The strategy outlines their framework for research conduct and governance including: - the management structure - research priorities - environmental matters such as capacity, support, collaborations and communication - knowledge generation and mobilisation.
Global PH work	• PHE's Global Health Strategy 2014 to 2019 strategic priorities are: - Improving global health security and meeting responsibilities under the International Health Regulations. - Responding to outbreaks and incidents of international concern, and supporting the public health response to humanitarian disasters - Building public health capacity, particularly in low and middle income countries.	• PHA does not currently have a dedicated International Public Health strategy nor a specific programme of global health. However, there are plans to start a public health programme in Global Health as an area has been identified for collaboration with other UK nations. Currently they have international • connections with the European Disease Control Centre in Sweden and are involved in some collaborative work in South Africa on the topic of surgical site infections.	• PHW's Nationally Focused, Globally Responsible: Our International Health Strategy 2017 – 2027 strategic priorities are: - Maximise Applied International Learning and Support Innovation for Public Health. - Develop Globally Responsible People and Organisations. - Strengthen Wales' Global Health Approach.

	Public Health England (PHE)	Public Health Agency for Northern Ireland (PHA)	Public Health Wales (PHW)
	- Developing their focus on, and capacity for, engagement on international aspects of health and wellbeing, and noncommunicable diseases. - Strengthening UK partnerships for global health activity.		
System considerations	• PHE is a result of an evolution – minor internal changes have happened since it was created. The most recent change is the proposal to merge the Health Improvement and Knowledge Management arrangements. • The success of the separation of local DsPH and health improvement delivery from the NHS and its relocation into local authorities is a source of ongoing debate. Some areas see it is as positive, others do not. Funding of public health systems and services in particular has been source of concern. The gap in health care PH at the local level is seen as a concern in some quarters. CCGs and NHS Foundation Trusts do not need to seek PH advice or ensure a population perspective is taken into account in what they do.	• Access to a strong health intelligence function seemed to be challenging in the system as it is set up in Northern Ireland, as demands on these staff are also made by other services. • There are strong links with Public & Personal Involvement (see 'Legislative and policy drivers' above) and engagement with a wide range of stakeholders. • Communities are at the heart of NI's national public health framework, with a very strong community development ethos. There is a regional lead for community development and a national network.	• PHW is the result of an evolution in PH systems and has been subject to reorganisations in 1996, 2003, 2009. Reorganisation has been seen as a benefit as it builds resilience within the system. • It is acknowledged that local arrangements could be strengthened with greater clarity of the accountability for health and wellbeing • National health protection arrangements, national employment with locally delivery and good links to local government is seen as working well • Health care PH is still in development at national level. LHB DsPH see this as part of their LHB role, but the scope for national support is being explored.

Scotland

To enable comparison across key areas, the table below details some key facts about the national organisations that will become part of Public Health Scotland.

	NHS Health Scotland (HS)	**Information Services Division (ISD)**	**Health Protection Scotland (HPS)**

Role and remit	• NHS Health Scotland is a national Health Board working to reduce health inequalities and improve health.
	• The HS vision is a Scotland in which all of its people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.
	• HS's main roles are to:
	  - Provide evidence of what works to reduce health inequalities.
	  - Work across all sectors in Scotland to put this evidence into action.
	  - Support national and local policy makers to design and evaluate interventions that help build a fairer, healthier Scotland.
		• ISD is part of NHS National Services Scotland, which is a national Health Board.
		• ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.
		• ISD offers a wide range of consultancy services including the provision of interpretation, advice, training and support on new and existing data collections and their application, and direct access for authorised information analysts and researchers to ISD key national datasets.
			• ISD is part of NHS National Services Scotland, which is a national Health Board.
			• HPS plans and delivers effective and specialist national services which co-ordinate, strengthen and support activities aimed at protecting all the people of Scotland from infectious and environmental hazards.
			• They do this by providing advice, support and information to health professionals, national and local government, the general public and a number of other bodies that play a part in protecting health.

Strategic plans	• Strategic Framework for Action: A Fairer Healthier Scotland 2017/22 • Delivery Plan	• NHS National Services Scotland Local Delivery Plan 2017/22	• NHS National Services Scotland Local Delivery Plan 2017/22

	NHS Health Scotland (HS)	Information Services Division (ISD)	Health Protection Scotland (HPS)

Strategic priorities	• HS has five strategic priorities:
	  - Fairer and healthier policy
	  - Children, young people and families.
	  - A Fair and inclusive economy.
	  - Healthy and sustainable places.
	  - Transforming public services.
	• HS has three strategic change priorities:
	  - Influencing the future public health landscape.
	  - Making a difference.
	  - Fit for the future.
		• Impacts listed in the NSS LDP for ISD are:
		  - Meet the need of customers for information and intelligence to improve outcomes for the people of Scotland.
		  - Intelligence-led decision making across the public sector to improve service planning.
		  - Build Research, Development and Innovation capability within NSS to improve health outcomes.
		  - Tackling health inequalities (by March 2018,
		  - 55% of eligible PHI products/publications include meaningful analyses of or reference to equalities and/or health inequalities).
			• The impact listed in the NSS LDP for HPS is:
			  - Provide a robust health protection service for Scotland.
			• Targets and milestones listed include:
			  - Monitor hazards and manage outbreaks and incidents
			  - Provide surveillance and response coordination as appropriate for all national level health protection threats
			  - Establish a process to monitor new scientific literature on the health impacts of Unconventional Oil and Gas
			  - Support SG delivery of the Healthcare Associated Infections and Anti-Microbial Resistance strategy until 2021.

Staffing	• 295	• c. 700	• 300