COVID-19 Public Inquiries

Public Health Scotland Corporate Narrative

Version 7 (Final)
19 January 2023

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2. Executive Summary

2.1.1 Health policy and funding is devolved, so national direction in Scotland is set by the Scottish Government, and funding for health is determined by the Scottish Government. However, because many of the determinants of health lie outwith the health sector (e.g., housing, education, income and employment, place and community), Public Health Scotland (PHS) operates in the context of wider public policy and in particular social policy aimed at reducing inequalities. Protecting and improving the public's health in Scotland is a shared endeavour between local and national government, which is reflected in PHS's joint accountability to the Scottish Government and the Convention of Scottish Local Authorities (COSLA).

2.1.2 PHS was created as a result of the Public Health Reform programme, which identified the need for stronger national leadership for public health and a 'de-cluttering' of the public health landscape. A significant amount of work was undertaken by a wide range of stakeholders in order to develop recommendations around the optimal arrangements for PHS. These recommendations were taken forward through the development of a Target Operating Model and an Annual Operating Plan for 2020-21.

2.1.3 PHS brought together three legacy bodies:

- NHS Health Scotland
- Health Protection Scotland (part NHS National Services Scotland)
- Information Services Division (part NHS National Services Scotland)

2.1.4 All staff and functions from the legacy bodies transferred across to PHS with the exception of the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) staff and function of HPS, which remained within NHS National Services Scotland (NSS), and a number of corporate services staff from NHS Health Scotland, who transferred to NSS under the shared services arrangement.

2.1.5 PHS was launched at the outset of the COVID-19 pandemic, on 1st April 2020, during the first UK-wide lockdown. The plans put in place for the organisation over the years leading up to the launch of PHS had to be rapidly revised in the context of the pandemic. Providing a robust and effective contribution to Scotland's response to COVID became the organisation's over-riding priority.

2.1.6 Despite the pressures of providing an effective pandemic response, PHS published a three-year Strategic Plan on 29th September 2020, setting out the vision of a Scotland where everybody thrives and detailing how the organisation would focus on four cross-cutting areas: COVID-19, community and place, poverty and children, and mental wellbeing.

2.1.7 PHS has recently published a new three-year strategic plan that reaffirms the organisation's vision of a Scotland where everybody thrives and sets out PHS's purpose as Scotland's national public health body: to lead and support work across Scotland to prevent disease, prolong healthy life and promote health and wellbeing.

3. Public Health Scotland's operating context

Key points

Health policy and funding is devolved, so national direction in Scotland is set by the Scottish Government, and funding for health is determined by the Scottish Government. However, because many of the determinants of health lie outwith the health sector (e.g., housing, education, income and employment, place and community), PHS operates in the context of wider public policy and in particular social policy aimed at reducing inequalities. Protecting and improving the public's health in Scotland is a shared endeavour between local and national government, which is reflected in PHS's joint accountability to the Scottish Government and the Convention of Scottish Local Authorities (COSLA).

3.1 Devolution

3.1.1 Health and social care policy and funding, including public health policy and funding, was devolved to the Scotland Parliament following devolution in 1999. However, the existence of separate health services in each UK nation predates the 1999 devolution reforms. The National Health Service (Scotland) Act 1947[1] came into effect on 5 July 1948 and created the National Health Service in Scotland, accountable to the Secretary of State for Scotland.

3.1.2 The NHS in Scotland has been administered through the Health and Social Care Directorates[2] of the Scottish Executive/Scottish Government[3] since devolution.

3.1.3 The Cabinet Secretary for Health and Social Care has ministerial responsibility in the Scottish Cabinet for the NHS in Scotland, supported by the Minister for Public Health, Women's Health and Sport, and the Minister for Mental Wellbeing and Social Care.

3.1.4 The Scottish Government is responsible for deciding how public money will be spent each year, with spending plans published in the annual Scottish Budget. As part of this, the Scottish Government decides the level of resources to be devoted to the NHS, and to local government.

3.2 NHS Board Accountability

3.2.1 As an NHS Board within NHS Scotland PHS is required to operate within the same governance and accountability frameworks set by the Scottish Government as other NHS Boards.[4] This means PHS:

- Operates within a framework of controls determined by the Scottish Government.
- Is subject to the legal direction of Scottish Ministers.
- Is subject to Scottish Minister's decisions about functions and funding.

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[1] The National Archives. National Health Service (Scotland) Act 1947. 1947.

[2] Scottish Government. Health and Social Care Directorate. Accessed January 2023.

[3] From devolution to 2007, the Scottish Government was referred to as the 'Scottish Executive'.

[4] Scottish Government. Public Body Guidance. Accessed January 2023.

- Have Board Members who are appointed by and directly accountable to Scottish Ministers and through Ministers to the Scottish Parliament.

3.2.2 This means that:

- PHS must operate within the framework of controls set by the Scottish Government.
- Ministers may be subject to Parliamentary Questions about PHS's activities and funding.
- The scope of the organisation's work at a strategic level is determined by the Cabinet Secretary for Health and Social Care and is subject to an Annual Review of performance.
- PHS's work proceeds at the discretion of Ministers.
- Board members and in particular the Chair may be asked by Ministers to account for the organisation's actions and may be required by Ministers to make changes to strategic approach or operational delivery.

3.3 Joint accountability

3.3.1 In recognition of the vital role that local government plays in protecting and improving the health of the population, PHS is accountable not only to national government but also to local government. This means we are sponsored both by the Scottish Government and by the Convention of Scottish Local Authorities (COSLA). This arrangement is unique amongst Health Boards in Scotland.

3.3.2 The Scottish Government is accountable to the Scottish Parliament for the use of public funds by any organisation it sponsors. Each Health Board has a sponsor team in the Scottish Government, which is accountable to Ministers for holding the sponsored body to account and for managing risks. As a result of the organisation's joint accountability, PHS is sponsored by both the Scottish Government and by COSLA. Key elements of the sponsorship arrangement include:

- sponsors act as a conduit between PHS, Ministers and Council Leaders; ensuring that we are kept up to date with Ministerial and COSLA priorities and either directly providing or coordinating relevant advice and evidence to Ministers and Council Leaders
- sponsors support the development of the PHS annual delivery plan, which then forms a 'contract' between PHS, Scottish Government and COSLA
- sponsors seek relevant assurance to support evidence of performance. PHS has quarterly formal performance reviews with senior members of SG and COSLA to facilitate effective scrutiny of performance and use of resources
- sponsors ensure that good corporate governance and financial management structures are in place

3.3.3 The strategic plans of our joint sponsors set out the national and local priorities that PHS works to support:

- A stronger and more resilient Scotland: the Programme for Government 2022 to 2023[5]
- COSLA Plan 2022-27[6]

3.3.4 PHS works closely with the Scottish Government and COSLA both in terms of the sponsorship arrangement, and also in relation to public health policy and practice. The organisation works to support the Scottish Government in the implementation and evaluation or national policies and strategies, and with local government and other local partners in the application of national policy at a local level. PHS also provides a range of tools and resources for partners in the local public health system to use to respond to specific public health challenges in their area.

3.4 Public health system

3.4.1 Public health policy in recent years recognises the wide range of organisations that have a role to play in protecting and improving the public's health and that to tackle Scotland's enduring public health challenges it is necessary for all the different parts of the system to work more effectively together. This includes national and local government, NHS Boards, Community Planning Partners, employers, the third sector and academia.

Public Health Workforce

3.4.2 The public health workforce can be described in terms of the 'core' and wider' workforce. The core workforce describes all staff engaged in public health activities that identify public health as being the primary part of their role. The Public Health Review[7] noted that:

'Most of the core public health workforce in Scotland is employed within NHS Scotland in the 14 Territorial Boards and four National Boards[3]. The wider NHS workforce also makes a crucial public health contribution, including through the delivery of services, employment practices, leadership and resource allocation decisions, and partnership working.'

3.4.3 The wider workforce describes 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. The 2015 Public Health Review[8] noted that:

'In addition to the core public health workforce, many other professional groups, practitioners in different disciplines, organisations and individuals make an essential contribution to protecting and improving the public's health and wellbeing. There is almost no limit to the range of groups and organisations whose staff fall into this category.

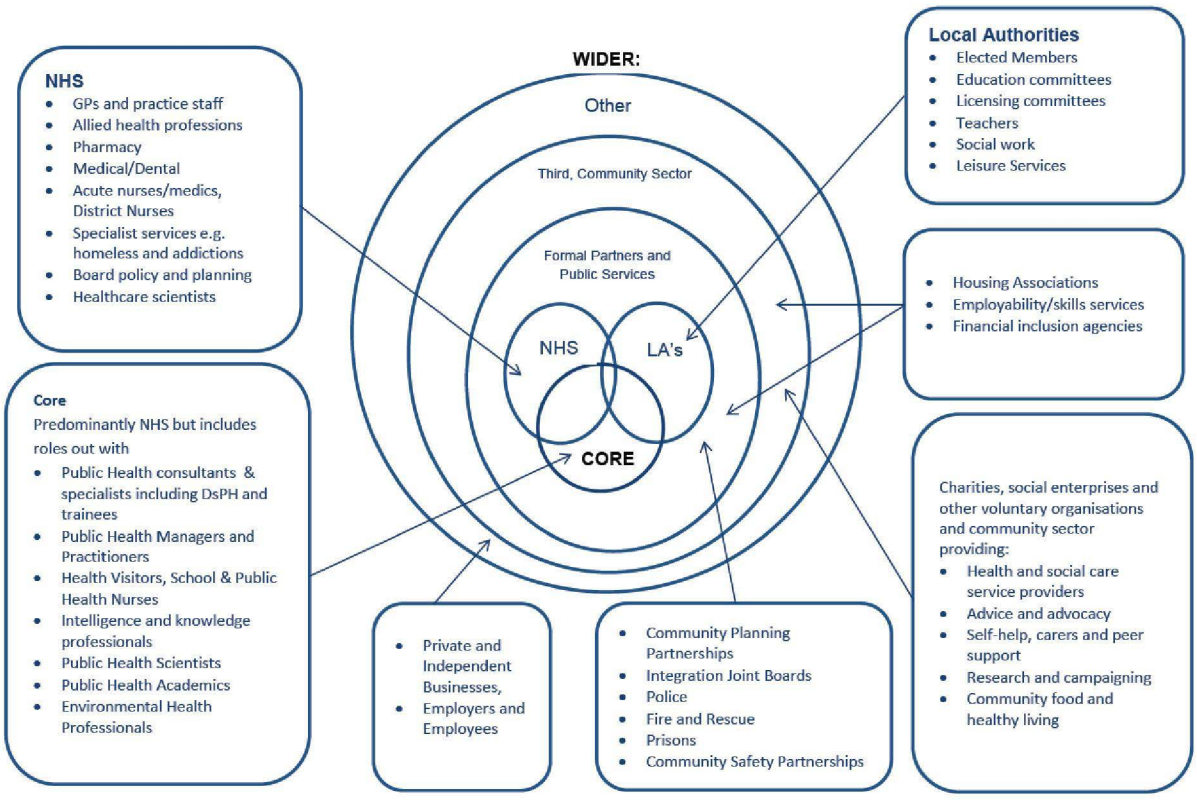
[5] Scottish Government. Programme for Government 2022 to 2023. September 2022.

[6] COSLA. COSLA Plan 2022 - 2027. November 2022.

[7] Scottish Government. 2015 Review of Public Health in Scotland. February 2016.

[8] Scottish Government. 2015 Review of Public Health in Scotland. February 2016.

3.4.4 The Public Health Review illustrated this in the following way:



NHS Boards

3.4.5 NHS Boards[9] plan, commission and deliver NHS services and take overall responsibility for the health of their populations. They therefore plan and commission hospital and community health services including services provided by GPs, dentists, community pharmacists and opticians, who are independent contractors.

3.4.6 There are 14 territorial NHS Boards covering the population of Scotland. Each territorial Board has a Director of Public Health (DPH) responsible for protecting and improving the health of the population in their area. The 14 territorial DPHs come together with the Public Health Scotland's Director of Public Health Science as a national leadership group – the Scottish Directors of Public Health group.

3.4.7 In addition to the territorial Boards, seven national NHS Boards (referred to as 'special' boards in statute) provide national services and the healthcare improvement body – Healthcare Improvement Scotland – provides scrutiny and public assurance of health services. Public Health Scotland is one of the seven national health boards:

- Public Health Scotland
- NHS National Services Scotland
- NHS Education for Scotland
- NHS Golden Jubilee.
- NHS 24
- Scottish Ambulance Service
- The State Hospital

[9] Scottish Government. Health bodies - National public bodies: directory. Accessed January 2023.

3.4.8 NHS Boards work together regionally and nationally to plan and commission specialist healthcare services such as heart and lung surgery, neurosurgery, and forensic psychiatric care. A number of local services are also shared between NHS Boards to maximise efficiency.

Local Authorities

3.4.9 Local government in Scotland has been made up of 32 local authorities since 1996. Local authorities vary considerably in size and population, but all have responsibility for providing a range of public services to the communities in their area. This includes education, social care, roads and transport, economic development, housing and planning, waste management, cultural and leisure services, and environmental protection (Environmental Health Officers in Local Authority Environmental Health Services work to protect the public from the harmful exposures they may encounter in the environment and are a key component of the core public health workforce).[10]

3.4.10 The Public Health etc. (Scotland) Act 2008[11] provides a statutory framework for public health action to protect the people of Scotland from infectious disease, contamination and other such hazards. The Act sets out the statutory powers that reside with local authorities for discharging public health actions for and on behalf of territorial NHS boards. It intends to promote co-operation between local authorities and health boards on a range of health protection issues.

3.4.11 The Convention of Scottish Local Authorities (COSLA) was formed in 1975 to represent the views of Scotland's 32 local authorities to central government. It also acts as the employers' association for local authorities. Council officers collaborate with those in other councils through a wide range of professional bodies.

3.4.12 Each local authority is governed by a council. The council is made up of councillors directly elected by the residents of the area they represent. Within a council, a group of councillors able to command majority support will form the 'Administration' which controls the running of the council.

Integration Joint Boards

3.4.13 The Public Bodies (Joint Working) (Scotland) Act 2014[12] put in place a requirement for NHS Boards and local authorities to work together to deliver integrated health and social care services through Health and Social Care Partnerships. The aim of health and social care integration was to help address three main challenges:

- Shifting demography
- An increasing number of people living with multiple, complex, long-term conditions
- Ever reducing public funding.

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[10] The Royal Environmental Health Institute of Scotland. Environmental Health Officers. Accessed January 2023.

[11] The National Archives. Public Health etc. (Scotland) Act 2008. 2008.

[12] The National Archives. Public Bodies (Joint Working) (Scotland) Act 2014 (legislation.gov.uk). 2014.

3.4.14 The Act required Health Boards and Local Authorities to work together effectively to agree a model of integration to deliver quality, sustainable care services. It placed a joint duty on the Local Authority and Health Board to establish an "Integration Authority", using one of two models:

- The 'Lead Agency' model, where one of the bodies (the Health Board or Local Authority) would be responsible for delivering specified integrated functions; or
- The 'Body Corporate' model, whereby a new legal entity would be created to take responsibility for the delivery of the integrated functions, under the direction of a jointly appointed Chief Officer.

3.4.15 All local authority areas except Highland elected to adopt the Body Corporate model and Clackmannanshire and Stirling decided to form a single Body Corporate to service the needs of both areas. This means that there are 30 Integration Joint Boards (IJBs) and one Joint Monitoring Committee (Highland) across the 32 Local Authority areas in Scotland.

3.4.16 The functions that must be delegated by the Health Board to the Integration Joint Board as per the Act are set out in The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014[13].

3.4.17 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it under section 25 of the Act. The Integration Joint Board will also have an operational role as described in the locally agreed operational arrangements set out within their integration scheme.

3.4.18 The Act put in place nationally agreed outcomes, which apply across health and social care, and for which NHS Boards and Local Authorities are held jointly accountable; a requirement on NHS Boards and Local Authorities to integrate health and social care budgets; and a requirement on Partnerships to strengthen the role of clinicians and care professionals in the planning and delivery of services.

3.4.19 The aim of integration authorities is to improve the quality and consistency of health and social care services delegated to them, with the intention to deliver health and social care in community settings, rather than hospitals, as far as possible. NHS and local authority partners delegate budgets to integration authorities so that they can direct spending on delegated services in a way that, over time, achieves the aims of integration.

Community Planning Partnerships

3.4.20 Community planning is about how public bodies work together, and with local communities, to design and deliver better services that make a real difference to people's lives. It drives public service reform by bringing together local public services with the communities they serve, and provides a focus for partnership

[13]The National Archives. The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 (legislation.gov.uk). 2014.

working that targets specific local circumstances. Partners work together to improve local services and to ensure that they meet the needs of local people, especially those who need the services most.

3.4.21 A Community Planning Partnership (CPP) is the name given to all those services that come together to take part in community planning. There are 32 CPPs across Scotland, one for each council 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.

3.4.22 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. Each CPP will produce at least one Locality Plan and some CPPs will produce many – there is no fixed number.

3.4.23 Community participation lies at the heart of community planning, and applies in the development, design and delivery of plans as well as in their review, revision and reporting. Consultation is no longer enough - CPPs and community planning partners must act to secure the participation of communities throughout.

3.4.24 As the mechanism through which public bodies work with local communities to design and deliver better services in order to improve outcomes, CPPs are central to protecting and improving the public's health.

3.4.25 The Community Empowerment (Scotland) Act 2015[14] bestows statutory duties on members of CPPs, including Health Boards. Crucially for population health, one of the statutory duties is to 'act with a view to reducing inequalities of outcome which result from socio-economic disadvantage unless the partnership considers that it would be inappropriate to do so.'

3.4.26 The Community Planning Improvement Board (CPIB)[15] provides improvement support for community planning in Scotland. The PHS Chief Executive is a member of the CPIB, which works with community planning partners to understand the leadership, influence, services and approaches that are effective in improving outcomes and reducing inequalities for and with local communities, the challenges for CPPs including data for evidence based decision making and capacity, and what support, innovation and/or change is needed to make community planning work more effectively for and with local communities.

[14] The National Archives. Community Empowerment (Scotland) Act 2015 (legislation.gov.uk). 2015

[15] Improvement Service, Community Planning Improvement Board. Accessed January 2023.

Resilience Partnerships

3.4.27 Regional and Local Resilience Partnerships (RRPs/LRPs) are the principal mechanisms for multi-agency coordination under the Civil Contingencies Act 2004[16] and the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005[17] (as amended). They promote co-operation between organisations in preparation for and responding to emergencies. A Resilience Partnership may be activated to deal with the wider consequences of the emergency and ensure that the multi-agency response is well coordinated and effective. Resilience Partnerships can be convened at a local level or across a wider area depending on the nature of the incident and organisations involved. Resilience Partnerships are comprised of representatives from Category 1 and Category 2 responders, which are key organisations responsible for ensuring the effective management of emergencies, as well as other organisations and groups who have an important role in the context of resilience.

3.4.28 Category 1 and Category 2 responders are defined in the legislation as follows:

- Category 1 Responders:
  - Local Authorities
  - Police
  - Fire
  - Ambulance
  - Territorial Health Boards
  - Maritime and Coastguard Agency
  - Integration Joint Boards
  - Scottish Environment Protection Agency
- Category 2 Responders
  - Electricity Operators
  - Gas Suppliers
  - Scottish Water
  - Communications Providers
  - Railway Operators
  - Airport Operators
  - Harbour Authorities
  - NHS National Services Scotland

3.4.29 The Civil Contingencies Act places a number of legal duties upon Category 1 responders. These are:

- Duty to assess risk
- Duty to maintain emergency plans
- Duty to maintain business continuity plans
- Duty to promote business continuity (only local authorities)
- Duty to communicate with the public
- Duty to share information
- Duty to co-operate

3.4.30 Category 2 responders are required to cooperate with Category 1 and 2 responders in connection with the performance of their duties, including proper sharing of information.

3.4.31 PHS, and HPS before it, is a Category 2 responder under the terms of the Civil Contingencies Act (2004) resulting in the lesser set of duties of cooperating and

[16] National Archives. Civil Contingencies Act 2004. 2004.

[17] National Archives. Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005. 2005.

sharing information compared to the full set of civil protection duties required by Category 1 responders.

3.4.32 The Scottish Government will shortly commence a review of category 1 and category 2 responders. PHS has requested that the Scottish Government recognises the unique position of PHS as the lead national public health agency for Scotland and considers conferring Category 1 responder status on the organisation.

3.4.33 Throughout the pandemic, PHS has played a substantial role in leading, managing, and co-ordinating national incidents and supporting local arrangements. PHS has been (and continues to be) required to provide a national response consistent with a Category 1 responder.

3.4.34 PHS response arrangements continue to embrace specific Category 1 duties, including developing and maintaining emergency plans and communicating with the public through 'warning and informing'. Additional requirements from partners, including Scottish Government, align more closely with duties of Category 1 responders, including creation of a plan for monitoring and responding to new SARS-CoV-2 variations and mutations.

3.4.35 The Scottish Government is supportive of this change, indeed the Scottish Government's Lessons Learned[18] report published in August 2021 identified consideration for extending Category 1 responder status to PHS as a key finding.

3.5 Policy and legislative timeline

1999

- The Public Health White Paper *Towards a Healthier Scotland*[19] set out the public health agenda in Scotland following devolution. With an overarching focus on reducing health inequalities, it focussed on tackling cancer and heart disease and improving the health of children and young people.

- The Scottish Executive undertook a Review of the Public Health Function in Scotland, which confirmed the need for public health to have a high profile within Health Boards and Local Authorities, and recommended that Boards develop as public health organisations and that there be a "health in all policies" approach to policy making. There was a focus on strong leadership and on relationships and partnerships.

2003

- The Scottish Executive's paper Improving Health in Scotland – The Challenge[20] highlighted the twin challenge of improving the health of all the people in Scotland and improving the health of our most disadvantaged communities at a faster rate, thereby narrowing the health

[18] Scottish Government. Lessons Identified from the initial health and social care response to COVID-19 in Scotland. August 2021.

[19] Scottish Office. Public Health White Paper, Towards a Healthier Scotland. February 1999.

[20] Scottish Executive. Improving health in Scotland – the challenge. 2003.

gap. It described the health improvement challenges and the importance of clarity and shared aims with cross-sector senior level leadership. The paper detailed 44 actions across four areas: early years, teenage transition, the workplace and the community. These actions included the creation of a new Directorate for Health Improvement within the Scottish Executive, and the creation of NHS Health Scotland (see Legacy Bodies: NHS Health Scotland below).

2004

- The Civil Contingencies Act 2004[21] and the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005[22] (as amended) outlines the duties of key organisations to prepare for civil emergencies in Scotland. The legislation created Regional Resilience Partnerships (RRPs) as the structures which support multi-agency co-operation in the event of a civil emergency. RRPs are comprised of representatives from Category 1 and Category 2 responders, which are key organisations responsible for ensuring the effective management of emergencies, as well as other organisations and groups who have an important role in the context of resilience (see Regional Resilience Partnerships above for further information).

2005

- The Scottish Executive published their new health strategy, *Delivering for Health.*[23] This resulted in five 'Keep Well' pilots which intended to contribute "*to a reduction in health inequalities in Scotland by providing health checks targeting those at particular risk of preventable serious ill health, predominantly heart disease, and offering appropriate interventions, services and follow-up.*"

- Health Protection Scotland was established (see Legacy Bodies: Health Protection Scotland below).

2007

- The Scottish National Party formed a minority government following the Scottish Parliament elections, and renamed the Scottish Executive 'The Scottish Government'.

- The new government launched Better Health, Better Care: Action Plan for NHSScotland.[24] The action plan supported delivery of a 'Healthier Scotland', with actions to make progress on health improvement, tackling health inequality and improving the quality of health care.

- The Scottish Government introduced an outcomes-focussed approach to planning and use of resources at a national and local level. The National

[21] National Archives. Civil Contingencies Act 2004. 2004.

[22] National Archives. Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005. 2005.

[23] Scottish Government. Delivering for Health. November 2005.

[24] Scottish Government. Better Health, Better Care: Action Plan. December 2017.

Performance Framework (NPF)[25] aimed to focus all public services on "*creating a more successful country with opportunities for all of Scotland to flourish*". This extended to local government through the Concordat and the introduction of Single Outcome Agreements.[26] The NPF set five strategic objectives: wealthier and fairer; smarter; healthier; safer and stronger; greener.

2008

- As part of the Better Health, Better Care Action Plan, the Scottish Government established a Ministerial Task Force on Health Inequalities, which reported in 2008. The report, Equally Well[27], produced in partnership with COSLA, reinforced the cross-government approach needed for tackling inequalities and the role to be played by all sectors in society. It established a set of principles for policies to have a greater impact on health inequalities, identified critically important roles for the NHS, re-stated the importance of activity in the early years, and examined the interface between health inequalities and the Government's commitments to make Scotland Greener, Safer and Stronger, and Wealthier. The report identified a number of actions brought together in an implementation plan.

- Also published in 2008 was Achieving Our Potential – A Framework to tackle poverty and income inequality in Scotland[28], produced in partnership with COSLA. It set out priorities for action and investment to deliver improvement across four main areas; reducing income inequalities, introducing longer-term measures to tackle poverty and the drivers of low income, supporting those experiencing poverty or at risk of falling into poverty, making the tax credits and benefits system work better for Scotland.

- The Public Health etc. (Scotland) Act 2008[29] set out the duties of Scottish Ministers, Health Boards and Local Authorities to continue to make provision to protect public health in Scotland. These are without prejudice to existing duties imposed on the Scottish Ministers and Health Boards in the National Health Service (Scotland) Act 1978 and existing environmental health legislation. Protecting public health is defined in terms of "protecting the community, or any part of the community, from infectious diseases, contamination or other hazards that constitute a danger to human health".

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[25] Scottish Government. Scottish Budget Spending Review 2007. November 2007.

[26] Scottish Government. Concordat between the Scottish Government and local government. November 2007.

[27] Scottish Government. Equally Well: Report of the Ministerial Task Force on Health Inequalities. June 2008.

[28] Scottish Government. Achieving Our Potential: A Framework to tackle poverty and income inequality in Scotland. November 2008.

[29] The National Archives. Public Health etc. (Scotland) Act 2008. 2008.

2009

- The Scottish Government and COSLA published the Early Years Framework[30] in 2009, which details the steps the Scottish Government, local partners and practitioners in early years services need to take to give all children the best start in life.

2010

- The Scottish Government published the Healthcare Quality Strategy for NHS Scotland[31], which is a development of the 2007 Better Health, Better Care Action Plan.

- The Ministerial Taskforce reconvened in 2010 to review progress with implementing the three frameworks introduced in 2008 and 2009 (Equally Well, the Early Years Framework and Achieving Our Potential), giving particular attention to the impact of the challenging financial climate. The resultant report Equally Well Review 2010[32] confirmed that the three social policy frameworks remain the best approach to deliver long term improvements in outcomes for people.

- The Scottish Government established the Health Protection Stocktake Working Group in 2010 to conduct a concise multi-disciplinary stocktake of health protection in Scotland. The Working Group found[33] that, on the whole, Scotland has a good health protection service, with local health protection team integral to the local NHS structure. Further work carried out by the National Planning Forum on behalf of the NHS Chief Executives, included a number of key recommendations, one of which was the establishment of a national health protection governance structure for Scotland. This obligate network, the Scottish Health Protection Network, consists of a number of topical and enabling groups and is overseen by the National Health Protection Oversight Group. It was originally hosted by Health Protection Scotland, and now by PHS.

2011

- The Scottish Government set out the 2020 Vision, which gives the strategic narrative and context for taking forward the implementation of the Quality Strategy. The Vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting.

- The Christie Commission on the future delivery of public services[34] published their seminal report and recommended the urgent reform of public services. Christie encouraged a focus on outcomes; 'real-life improvements in the social and economic wellbeing of the people and communities of Scotland', and for services to pursue preventative

[30] Scottish Government / COSLA. The Early Years Framework. January 2009.

[31] Scottish Government. Healthcare quality strategy for NHSScotland. May 2010.

[32] Scottish Government. Equally Well Review 2010: Report by the Ministerial Task Force on implementing Equally Well, the Early Years Framework and Achieving Our Potential. June 2010.

[33] NHS Greater Glasgow and Clyde. Scottish Health Protection Stocktake Working Group: capacity and resilience. November 2010.

[34] Scottish Government. Commission on the Future Delivery of Public Services. June 2011

approaches, tackle inequality and promote equality. In order to improve performance and reduce costs, public sector bodies were urged to increase the use of shared services.

- The Ministerial Taskforce reconvened for a third time in 2012. NHS Heath Scotland was invited to present to Taskforce evidence of what was required to reduce health inequalities in Scotland. The *Health Inequalities Policy Review for the Ministerial Taskforce on Health Inequalities*[35] assessed whether the current strategy – as set out in Equally Well and associated policies – is effective and what else might be needed. NHS Health Scotland looked at the current understanding of how health inequalities arise and how they are best addressed within the Scottish context.

2014

- The Ministerial Task Force on Health Inequalities published its final report[36] in 2014. The report established a central role for Community Planning Partnerships (CPPs), emphasised the need for a greater focus on delivery and highlighted the need for inequalities work to more successfully broaden out.

- The Public Bodies (Joint Working) (Scotland) Act 2014[37] put in place nationally agreed outcomes, which apply across health and social care, and for which NHS Boards and Local Authorities are held jointly accountable; a requirement on NHS Boards and Local Authorities to integrate health and social care budgets; and a requirement on Partnerships to strengthen the role of clinicians and care professionals in the planning and delivery of services (see Integration Joint Boards above).

2015

- The Scottish Government established an expert Public Health Review group in 2015 to explore the ongoing challenges facing public health in Scotland, including an ageing population, enduring inequalities, and changes in the pattern of disease requiring action to address the determinants of population health, as well as particular health priorities. There was widespread agreement that we need to change the way we do public health in Scotland to meet these challenges.

2016

- The Public Health Review report[38] highlighted the need for:
  - more clarity on organisational roles
  - stronger leadership around public health

[35] NHS Health Scotland. Health Inequalities Policy Review for the Ministerial Taskforce on Health Inequalities. June 2013.

[36] Scottish Government. Ministerial Task Force on Health Inequalities: report 2013. March 2014.

[37] The National Archives. Public Bodies (Joint Working) (Scotland) Act 2014 (legislation.gov.uk). 2014

[38] Scottish Government. 2015 Review of Public Health in Scotland: Strengthening The Function And Re-Focussing Action For a Healthier Scotland. February 2016.

- a public health strategy for Scotland with clear priorities
- greater partnership work across all sectors.

- This led to the development of a programme of public health reform, led jointly by the Scottish Government and COSLA.

- In December 2016 the Scottish Government published the Health and Social Care Delivery Plan.[39] This set out the framework and actions needed to ensure that Scotland's health and social care services are fit to meet the population's requirements. The aim was 'a Scotland with high quality services, that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, our aim is for day surgery to be the norm, and when stays must be longer, our aim is for people to be discharged as swiftly as it is safe to do so'.

- The plan set out the intention to:
  - Set national public health priorities with COSLA that will direct public health improvement across the whole of Scotland. This will establish the national consensus around public health direction that will inform local, regional and national action.
  - Support a new, single, national body to strengthen national leadership, visibility and critical mass to public health in Scotland. Such a body will have a powerful role in driving these national priorities and providing the evidence base to underpin immediate and future action.

- The Scottish Government published the Fairer Scotland Action Plan[40], which contains fifty actions to help tackle poverty, reduce inequality and build a fairer and more inclusive Scotland. NHS Heath Scotland committed to three actions around raising awareness of child poverty and its impact on health and wellbeing amongst public services staff, developing national referral pathways between NHS services and local advice services to maximise the incomes of patients, and promote the importance and adoption of routine enquiry about money worries by NHS staff to help patients maximise their incomes and referral to advice services where necessary.

2017

- The Child Poverty (Scotland) Act[41] sets statutory targets and introduced a duty on Local Authorities and NHS Boards to jointly report annually on the activity they are taking, and will take, to reduce child poverty.

[39] Scottish Government. Health and social care delivery plan. December 2016.

[40] Scottish Government. Fairer Scotland Action Plan. October 2016.

[41] The National Archives. Child Poverty (Scotland) Act 2017. 2017.

2018

- Following a programme of stakeholder engagement and a review of the evidence, the Scottish Government and COSLA agreed six Public Health Priorities[42] in June 2018.
  1. A Scotland where we live in vibrant, healthy and safe places and communities.
  2. A Scotland where we flourish in our early years.
  3. A Scotland where we have good mental wellbeing.
  4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
  5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
  6. A Scotland where we eat well, have a healthy weight and are physically active.

- The refreshed National Performance Framework[43] is launched with the Sustainable Development Goals (SDGs) embedded throughout.

2019

- The Scottish Government and COSLA consulted[44] on the establishment of PHS in Summer 2019. A total of 185 responses were received: 151 from organisations and 34 from individual citizens. The Scottish Government published analysis[45] of the responses in August 2019.

- Public Health Scotland (PHS) was legally constituted in December 2019 under the Public Health Scotland Order 2019.[46]

2020

- On 1st March 2020 the first positive case of COVID-19 was confirmed in Scotland. On 17th March the NHS in Scotland was placed on an emergency footing.[47] This remained in place until 30th April 2022.

- From April 2020 onwards, the Scottish Government published a number of strategic documents setting out Scotland's strategic approach to managing the pandemic.[48] These frameworks and route maps provided the strategic context in which we operated during this period.

2021

- The Scottish Government published the NHS Recovery Plan[49], which sets out key ambitions and actions to be developed and delivered over the next 5 years in order to address the backlog in care and meet ongoing healthcare needs for people across Scotland.

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[42] Scottish Government / COSLA. Scotland's public health priorities. June 2018.

[43] Scottish Government. National Performance Framework. July 2018.

[44] Scottish Government. New national public health body 'Public Health Scotland': consultation. May 2019.

[45] Scottish Government. Public Health Scotland: analysis of consultation responses. August 2019.

[46] The National Archives. The Public Health Scotland Order 2019. 2019.

[47] Scottish Government. NHS Scotland placed on emergency footing. March 2020.

[48] Scottish Government. Coronavirus (COVID-19): strategic approach. 2020.

[49] Scottish Government. NHS recovery plan. August 2021.

- The Scottish Government published the COVID Recovery Strategy[50], which sets out the government's vision for recovery and the actions they will take to address systemic inequalities made worse by COVID, make progress towards a wellbeing economy, and accelerate inclusive person-centred public services.

- The Scottish Government worked with stakeholders to develop the Care and Wellbeing Portfolio, a new programme of health and care strategy and reform. The PHS Chief Executive is a member of the Care and Wellbeing Portfolio Board, which provides strategic leadership for the programme.

2022

- The Scottish Government commences a new programme of NHS Reform, as part of the Care and Wellbeing Portfolio.

[50] Scottish Government. Covid Recovery Strategy: for a fairer future. October 2021.

4. Legacy bodies

Key points

PHS brought together three legacy bodies:

- NHS Health Scotland
- Health Protection Scotland (part NSS)
- Information Services Division (part of NSS)

All staff and functions from the legacy bodies transferred across to PHS with the exception of the Antimicrobial Resistance and Healthcare Associated Infection staff and function of HPS, which remained within NSS, and a number of corporate services staff from NHS Health Scotland, who transferred to NSS under the shared services arrangement.

4.1 NHS Health Scotland

Role, Function and Responsibilities

4.1.1 NHS Health Scotland (NHSHS) was Scotland's national health improvement agency. Their work focused on what could be done to improve population health in Scotland and reduce the unfair and avoidable health inequalities that persist in Scotland. They did this by seeking to influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

4.1.2 As set out in the organisation's Management Statement[51], NHSHS was 'empowered to exercise the functions of the Scottish Ministers in relation to health improvement and reduction of health inequalities conferred upon the Scottish Ministers'.

Excerpt from NHSHS's Management Statement

2.2 Core functions

2.2.1. NHS Health Scotland contributes to the achievement of the Scottish Government's primary purpose of increasing sustainable economic growth by aligning its aims and objectives with the Scottish Government's published Economic Strategy and National Performance Framework.

2.2.2 The core functions of NHS Health Scotland in contributing to this goal are:

- Providing specialist advice to support the Scottish Government's public health improvement and health inequalities policy-making, to inform the planning of how this policy might be delivered in practice by a range of agencies and to influence the design and delivery of health services to help ensure that major service strategies improve health and prevent disease.

[51] NHS Health Scotland. Management Statement. April 2012.

- Providing leadership to ensure that equality and diversity are integral to the health improvement and health inequalities agenda.
- Building the skills and support networks of staff, in all sectors in Scotland, whose roles incorporate the potential to improve health and tackle health inequalities.
- Working with partners to improve outcome focused performance management and reporting as it relates to health improvement and the reduction of health inequalities in Scotland.
- Disseminating and explaining relevant public health improvement and health inequalities evidence, learning from good practice, to professional and public audiences at the appropriate time and using the most effective mediums and language so that its reach, understanding and impact are maximised.
- Providing support to NHS Health Boards to help them deliver their HEAT targets and their Quality Strategy objectives through a range of initiatives, including social marketing, to facilitate the integration of local marketing approaches with the national social marketing strategy.
- Providing implementation support to NHS Health Boards to help them to deliver health improvement programmes.
- Providing support as negotiated with the NHS, local government and third sector agencies and the business community for the delivery of wider activities aimed at helping to tackle the social determinants of health.
- Evaluating agreed aspects of Scotland's public health improvement and health inequalities national programmes and supporting local evaluation of local activity, where needed.
- Reviewing published research and commissioning new research on innovations, insights and evidence on public health improvement and health inequalities, assembling timely, accurate and accessible resources from this work.

4.1.3 NHSHS produced annual delivery plans, which are available on the archived website.[52]

4.1.4 At a local level NHSHS worked with NHS boards and their health improvement partners - local authorities, community planning partnerships, health and social care partnerships, local businesses, and community and voluntary groups. Nationally, they were an advocate for the reduction in health inequalities and the improvement of health.

4.1.5 NHSHS published *A Fairer Healthier Scotland*[53] in June 2012, which set out the organisation's focus on tackling the wider social determinants of health. The vision in A Fairer Healthier Scotland was "a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives."

4.1.6 This signalled a shift in strategic direction from a previous focus on health behaviour change "towards those actions that are aligned to structural and social determinants

[52] NHS Health Scotland. Final Delivery Plan. May 2019.

[53] NHS Health Scotland. A Fairer Healthier Scotland: Our strategy 2012 – 2017. June 2012.

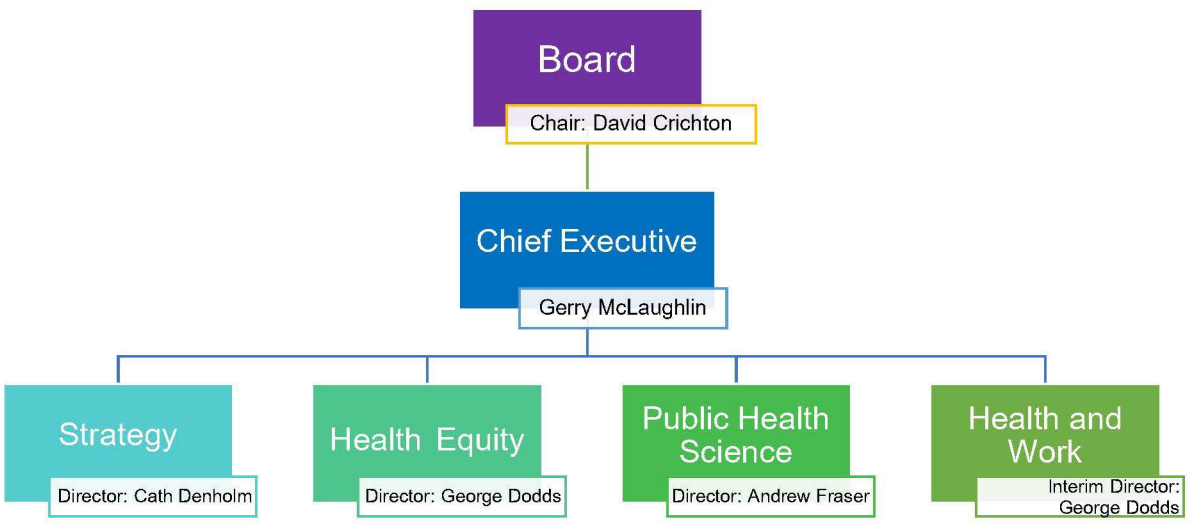
of health that need addressed so that individuals are enabled to make better health choices."[54] The strategy recognised that action to reduce inequalities "extends beyond healthcare to include numerous other sectors such as environmental regulation, education, housing, employment, welfare, fiscal and transport policies."[55]

4.1.7 NHSHS undertook extensive stakeholder engagement in 2016 when they started to develop their next strategy. One of the key messages from the engagement was that the emphasis must be on delivering practical solutions that will work across Scotland." The new strategy was launched in June 2017[56] and was designed as a five-year strategic framework that would straddle the move to PHS. The five strategic priorities were:

- fairer and healthier policy
- children, young people and families
- a fair and inclusive economy
- healthy and sustainable places
- transforming public services.

Reporting lines and lines of accountability

4.1.8 NHSHS was a national Health Board, accountable to the Scottish Government. As such it was required to undertake annual reviews and lay annual reports and accounts before the Scottish Parliament.[57]



[54] NHS Health Scotland. 2013/14 Business Plan. April 2013.

[55] NHS Health Scotland. Knowledge into Action for a Fairer Healthier Scotland. December 2013.

[56] NHS Health Scotland. A Fairer Healthier Scotland: A strategic framework for action 2017–2022. June 2017.

[57] NHS Health Scotland. Annual report and accounts. Accessed January 2023.

History of NHS Health Scotland

4.1.9 NHSHS came into being on Tuesday 1 April 2003 as "the strengthened Special Health Board formed by the integration of the Public Health Institute of Scotland (PHIS) with the Health Education Board for Scotland (HEBS)."[58]

4.1.10 PHIS had been set up in 2001 following a recommendation from the 1999 Review of the Public Health Function in Scotland that there was a need for "strong leadership to increase the effectiveness of the public health endeavour in Scotland."[59] PHIS had three goals – "to develop the information base, the evidence base and the skills base needed to support health improvement in Scotland."[ibid]

4.1.11 HEBS had been formed in 1992 from its predecessor agency, the Scottish Health Education Group. The HEBS vision was "a nation whose citizens and communities have the information, motivation, skills and supportive environments they require to make the most of their potential for well-being, fitness and freedom from ill-health."[60] Their mission was to provide leadership for the health education effort in Scotland.

4.1.12 A review of NHSHS's contribution to public health in Scotland was published in September 2019.[61]

Move to Public Health Scotland

4.1.13 All staff and functions of NHSHS moved to PHS with the exception of a number of corporate teams, which moved instead to NSS as part of the shared services arrangements (see Shared Services below).

4.2 Health Protection Scotland

Role, Function and Responsibilities

4.2.1 Health Protection Scotland (HPS) provided national leadership for health protection in Scotland. HPS was responsible for:

- the implementation of health protection programmes and policies in Scotland
- the provision of expert advice on policy development
- the development and implementation of a quality assurance framework for health protection at a local, regional and national level
- public communication and advice on health protection issues.
- co-ordinating national health protection
- monitoring health hazards
- health risk assessment of environmental and infection threats

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[58] Scottish Executive. Improving Health in Scotland – The Challenge. March 2003.

[59] Public Health Institute of Scotland. Two year report 2001 – 2003. Available on request from PHS.

[60] Health Education Board for Scotland. Strategic Plan: 1997 – 2002. Available on request from PHS.

[61] NHS Health Scotland. Building our Legacy: NHS Health Scotland's Contribution to Public Health. September 2019.

- identifying risk management and risk communication options
- incident and outbreak management
- raising standards in health protection
- monitoring emerging infections
- support commissioning of Reference Laboratory Services.

4.2.2 HPS led the co-ordination of the national health protection operational response to a communicable disease or environmental incident requiring Scotland wide action.

4.2.3 The full functions of HPS were set out in a Memorandum of Understanding[62] between Scottish Government and HPS in 2007. This document set out the aim of HPS as:

'To work, in partnership with others, to protect the Scottish public from being exposed to hazards which damage their health and to limit any impact on health when such exposures cannot be avoided.'

Reporting lines and lines of accountability

4.2.4 HPS was part of the Public Health and Intelligence (PHI) Business Unit within NHS National Services Scotland, accountable through the Director of PHI and the NSS Chief Executive to the Board of NSS.

4.2.5 PHI had a Service Level Agreement (SLA) with the Scottish Government, which was reviewed and agreed annually.[63]

History of Health Protection Scotland

4.2.6 HPS can trace its history back to 1969 and the creation of the Communicable Diseases Unit, a specialist unit tasked with conducting surveillance of communicable infections.[64] The unit was one of the first specialist national units in the world set up to support the investigation, control and prevention of infectious outbreaks. It was created as a result of high profile incidents such as the 1964 Aberdeen typhoid outbreak, where more than 500 cases were identified and many were quarantined in hospital.

4.2.7 The Communicable Diseases Unit was set up in Glasgow as a national centre of expertise to carry out the surveillance of communicable disease across all of Scotland, co-ordinating the collection of information on new cases and outbreaks, and sharing intelligence on new sources and causes of infection. This was done to improve knowledge and understanding of how diseases spread and how they could be controlled.

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[62] Scottish Executive. Memorandum of understanding between SEHD and Health Protection Scotland (HPS). March 2007.

[63] PHI / Scottish Government Service Level Agreement. Available on request from PHS.

[64] Health Protection Scotland. Scotland celebrates 50 years of its national unit for health protection. December 2019.

4.2.8 The unit evolved over the next 50 years, firstly by absorbing its sister unit for environmental health and expanding its role in helping protect the public from non-infectious environmental threats to health. In 1994, the unit was re-named the Scottish Centre for Infection and Environmental Health and finally became Health Protection Scotland in 2005.

4.2.9 The Memorandum of Understanding[65] between the Scottish Government and HPS in March 2007 explained the difference between the new organisation and its predecessor:

'SCIEH in the past had a role mainly of surveillance and of the provision of expertise by request. This was done primarily in support of the health protection activity of the 15 NHS area boards. HPS, on the other hand, will have a proactive role, co-ordinating health protection activity in Scotland and promoting and assuring the quality of local and regional health protection arrangements.'

Move to Public Health Scotland

4.2.10 All staff and functions of HPS moved to PHS with the exception of the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) service (see below).

4.2.11 In addition, the Customer Engagement and Development staff employed within the NSS Strategy, Performance and Service Transformation Strategic Business Unit (SBU) who provided a Communications service to the Public Health and Intelligence SBU (incorporating ISD and HPS) were transferred to PHS.

Antimicrobial Resistance and Healthcare Associated Infection

4.2.12 When the Scottish Government and COSLA consulted[66] on the establishment of PHS in Summer 2019, it was made clear that ARHAI would remain within NHS National Services Scotland:

4.2.13 'In light of recent infection incidents and the associated independent external review that has been commissioned, the Cabinet Secretary for Health and Sport is considering what provision may be needed at the national level in future in relation to infection prevention and control. Decision-making around the ARHAI component of HPS will therefore require further consideration.'

4.2.14 An options appraisal is planned for 2023 to consider the optimal future for the ARHAI service.

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[65] Scottish Executive. Memorandum of understanding between SEHD and Health Protection Scotland (HPS). March 2007.

[66] Scottish Government / COSLA. New national public health body 'Public Health Scotland': consultation. May 2019.

Public Health Priorities

4.2.15 As mentioned in the Policy and Legislative Timeline above, the Scottish Government and COSLA launched national Public Health Priorities[67] in June 2018. The priorities focus on health improvement and do not make reference to actions to protect health.

4.2.16 HPS colleagues took part in the stakeholder engagement[68] that took place around the priorities during the process of their development. Alongside local health protection colleagues, HPS advocated for the inclusion in the priorities of action to protect the public from infectious disease and environmental hazards.

4.2.17 The Scottish Government and COSLA did not include health protection in the priorities, but included this qualifying statement to set out the rationale:

'The priorities do not reflect all of the activities and efforts that contribute to the health of the population in Scotland. Local priorities and local variation to reflect local need will continue to be important. There are many important activities undertaken by councils, public health professionals and others in Scotland, which are included in the broader public health reform work but which are not explicitly reflected in these thematic priorities. For example, our work to protect the health of the population from serious risks and infectious diseases through vaccination, infection control and incident response (health protection), will continue to be an essential public health function and must be maintained. We will not compromise our existing, high quality protections and our ability to respond to emerging threats.' ibid

4.3 Information Services Division

Role, Function and Responsibilities

4.3.1 Information Services Division (ISD) was responsible for providing health information, health intelligence, statistical services and advice that supports quality improvement in health and care and facilitates robust planning and decision making. It was one of two areas within Public Health Intelligence strategic business unit of NSS. It worked in partnership with a wide range of organisations - NHS boards, hospitals, General Practitioners, Community Health Partnerships, local authorities, voluntary organisations, and many other care and service providers.

4.3.2 ISD's functions included:

- Consultancy: providing access to a wide range of specialist services and skills including data analytics, statistical modelling, surveys provision, data visualisation and reporting.
- Cancer Information: leading in the production of cancer information in Scotland and supports its application to reduce cancer incidence and mortality, improve cancer diagnosis, treatment and outcomes, and improve the patient's experience of cancer services in Scotland.

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[67] Scottish Government / COSLA. Scotland's public health priorities. June 2018.

[68] Scottish Public Health Network (ScotPHN) Shared Public Health Priorities for Scotland: ScotPHN Engagement Events: Final Report. May 2018.

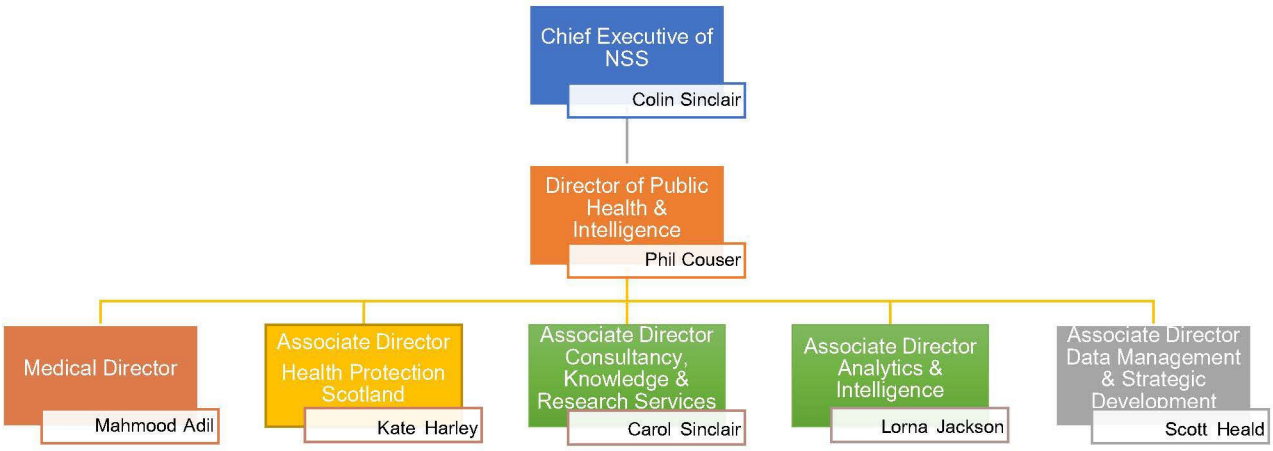
- Dental Informatics: developing dental information and supporting eHealth developments for dentistry in Scotland, so that better-informed decisions could be made for better oral health.
- Health and Social Care Information: supporting efforts to shift care from hospital to the community and encouraged partnership working between the NHS, Local Authorities, carers and the voluntary sector.
- Heart Disease and Stroke: aiming to produce better information to support clinical care, audit and planning for future service provision for heart disease and stroke.
- Mental Health Information: aiming to improve the quality of mental health care by improving mental health information.
- National Medicines Utilisation Unit: using data collected to review the clinical and cost effectiveness of medicines, and help make decisions based on evidence.
- Primary Care Information: bringing together primary care information teams and projects in ISD to provide high quality primary care intelligence services for Scotland.
- Substance Misuse: aiming to give policy makers and practitioners reliable and clear information about problematic drinking and illicit drug misuse.
- Unscheduled Care: providing good quality information on unscheduled healthcare services to support mapping, planning, monitoring and managing emergency and out of hours healthcare services in NHSScotland.
- Waiting Times: monitoring NHS performance against current national waiting times targets and leads the development of better ways of monitoring and measuring waiting times.
- Workforce Programme: collecting, analysing and disseminating high quality information on the NHS Scotland workforce and supports local and national workforce planning.

Reporting lines and lines of accountability

4.3.3 ISD was part of the Public Health and Intelligence (PHI) Business Unit within NHS National Services Scotland, accountable through the Director of PHI and the NSS Chief Executive to the Board of NSS.

4.3.4 PHI had a Service Level Agreement (SLA) with the Scottish Government, which was reviewed and agreed annually.[69]

[69] PHI / Scottish Government Service Level Agreement. Available on request from PHS.



History of Information Services Division

4.3.5 The Information Services Division was formed in 1974, as part of the Common Services Agency (the precursor to NSS). Since its inception, the location of ISD has transferred a number of times between government, NSS and its predecessors. In 1986/87, ISD was renamed the Information and Statistics Division. Alongside the Department of Health Service Information Systems, ISD transferred to the Management Executive in the Scottish Home and Health Department (now Scottish Government Health and Social Care Directorate) in 1990, before returning to the Common Services Agency in 1995.

4.3.6 In 2003/04 the Information and Statistics Division was renamed back to the Information Services Division. A decade later, as part of the Quality and Efficiency Service Transformation (QuEST) programme to address the longer-term needs of NHS NSS, an organisational restructure into a smaller number of strategic business units was completed. As part of this programme, Information Services Division and Health Protection Scotland formed the Public Health and Intelligence strategic business unit in 2013/14.

Move to Public Health Scotland

4.3.7 All staff and functions of ISD moved to PHS.

5. Creation of Public Health Scotland

Key points

PHS was created as a result of the public health reform programme, which identified the need for stronger national leadership for public health and a 'de-cluttering' of the public health landscape. A significant amount of work was undertaken by a wide range of stakeholders in order to develop recommendations around the optimal arrangements for PHS. These recommendations were taken forward through the development of a Target Operating Model and an Annual Operating Plan for 2020-21.

5.1 Public Health Reform

5.1.1 As set out in the Policy and Legislative Timeline in chapter one, PHS was created through the programme of public health reform that began in 2015 with the Public Health Review[70], and was delivered in 2017-2020 through the Public Health Reform Programme[71] (PHR programme).

5.1.2 The vision of the public health reform programme is a Scotland where everybody thrives, which was later the vision also adopted by PHS. The ambition of the reform programme was for Scotland to be a world leader in improving the public's health. Public health reform aimed to create a culture for health in Scotland that recognises the social and economic issues that affect health and creates environments that drive, enable and sustain healthy behaviours in our communities, supporting individuals to take ownership of their own health and wellbeing wherever possible.

5.1.3 The creation of PHS was seen to be instrumental in supporting, enabling and driving change to achieve this vision, and supporting Scotland to have a public health system fit for the challenges of the twenty-first century.

5.1.4 The intended purpose and benefits of the creation of PHS was set out in the public consultation[72] on the creation of the new body:

'Consolidating the national public health functions into a single body allows for a new, single public health brand and identity, with revitalised leadership. The body will be committed to partnership working, innovation and meaningful change across the whole system at national, regional and local levels. By including the national data and intelligence function within the new body, we ensure that all public health activity and performance measurement is brought together in one place, providing a basis for innovation and ambition around our digital capability more generally. Public Health Scotland will support organisations, communities and partnerships to build local

[70] Scottish Government. 2015 Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland. February 2016.

[71] Scottish Government / COSLA. The reform programme. Accessed January 2023.

[72] Scottish Government / COSLA. New national public health body 'Public Health Scotland': consultation. May 2019.

capacity and capability, facilitate access to national information and expertise, and share methods and results across Scotland. This will enable better planning, evaluation and targeting of resources across the whole system.'

Programme governance

5.1.5 Governance of the PHR programme was provided through the *Public Health Reform Oversight Board* (PHOB) and the *Public Health Reform Programme Board*:[73]

- The PHOB provided advice and support to the reform work. It was jointly chaired by the Scottish Government and COSLA and had representation from across the public health landscape. The Chief Executives of NHS Health Scotland and NHS National Services Scotland were members of the PHOB.
- The PHR Programme Board, which reported to the PHOB, was responsible for overseeing the delivery of the reform programme, including the establishment of PHS. It was made up of representatives of national and local government, NHS Scotland, Health and Social Care, Community Planning, third sector and public health experts. The Chief Executive of NHS Health Scotland and the Director of Public Health Intelligence at NSS were members of the Programme Board.

Public Health Reform Commissions and Projects

5.1.6 The PHR Programme Board was responsible for approving the scope of the work packages, and associated plans and deliverables at programme level. These fell into two broad categories: commissions and projects.[74]

Commissions

5.1.7 The commissions covered aspects of how the new public health body functions. There were eight commissions:

- Improving health
- Protecting health
- Ensuring appropriate, effective and high quality health and social care services
- Underpinning data and intelligence
- Leadership for public health research and innovation
- Leadership for the public health workforce development
- Workforce of the new body: organisational development
- Optimising specialist public health workforce arrangements

5.1.8 The commissions were collaborative, with staff from NHS Health Scotland and Public Health and Intelligence, working together with partners from across the system. Throughout 2018, the commissions recruited stakeholders representing organisations from across the public health system onto commission governance groups, engaged hundreds through stakeholder engagement events, and captured

[73] Scottish Government / COSLA. Programme governance. Accessed January 2023.

[74] Scottish Government / COSLA. Commissions and Project Initiation Documents - How Public Health Scotland is being developed. Accessed January 2023.

the opinions of another hundred through a survey. They also heard from 350 staff across six staff engagement events and a further 450 through a staff survey.

5.1.9 Each commission developed a series of 6-7 deliverables, which were submitted to the PHR Programme Board for scrutiny over 2018-19.[75] The final reports for each commission set out recommendations as to how the new public health agency could be developed to best meet the needs of the population and meet the reform programme's ambitions.[76]

Projects

5.1.10 Projects were similar to commissions but considered the practical elements that would help PHS deliver its functions. There were nine projects:

- Accommodation
- Branding and Identity
- Communications, Engagement and Marketing
- Corporate IT
- Corporate Services
- Data Science and Innovation
- Governance and Accountability
- Human Resources
- Legislation

Target Operating Model

5.1.11 The next stage in the creation of PHS was the development of a Target Operating Model (TOM). The TOM set out how all the parts of the new organisation would work together to support and enable the wider public health system to deliver the reform programme's ambition for the new body.

5.1.12 The TOM was based on the work of the commissions and projects and was shaped by the review of these by the Programme Board, and was further informed by the broad ranging input guiding the direction of public health reform from the Public Health Oversight Board.[77]

5.1.13 A draft was published in February 2019, which:

- described the contribution that PHS would make to the wider public health system
- outlined the core responsibilities PHS would have in its executive management team
- proposed that PHS was organised based on outcomes which support the public health system in Scotland.

[75] Scottish Government / COSLA. Programme Board papers - Programme governance. Accessed January 2023.

[76] Scottish Government / COSLA. Public Health Scotland Commission Final Reports. Accessed January 2023.

[77] Scottish Government / COSLA. Target Operating Model version 1 - Target Operating Model. February 2019.

5.1.14 Extensive stakeholder engagement took place on TOM 1.0. Throughout February and March 2019 more than 200 staff and 130 stakeholders took part in engagement events across Scotland. The reform programme received more than 70 written responses to TOM 1.0.

5.1.15 Following this engagement, a revised version of the TOM was then published in May 2019. Tom 2.0[78] set out the ambition for PHS, which was to:

- Provide strong public health leadership. PHS will be Scotland's lead national agency for public health. It needs to build on the role of the existing organisations and underpin the rest of the public health system with high quality, effective and supportive health improvement, health protection and health care public health functions and vital system-wide leadership roles in research, innovation and the public health workforce.
- Lead in a collaborative way that can effect change and cooperation in the face of a complex and changing public health system.
- Take a whole system approach. Being the lead organisation does not mean by being the one organisation that solves the problems we face. Instead it means by supporting and enabling others in the public health system to take action together, across organisational boundaries and within communities.
- Take an external focus, being an inclusive and collaborative national organisation that spends time listening to what help others need from it.
- Build strong and lasting partnerships, founded in mutual support and focused on what needs to be achieved collectively.
- Have a clear focus on supporting local systems and plays a key role in enabling and supporting delivery at a local and regional level. National government plays an important role in Scotland's health. However, the frontline of public health is in local services.
- Be intelligence, data and evidence led. PHS's authority and integrity are rooted in the evidence, intelligence and data it uses to drive change.
- Be innovative. To drive the change we need, we need to find new ways of doing things.
- Be visibly a new and different organisation—not because change is an end in itself but because without changing how things are now, we will not be able to meet the health challenges Scotland faces.

5.1.16 The TOM was in two parts:

- Part A focused on PHS's purpose and role, the Public Health System and PHS's contribution to it
- Part B describes how PHS would be designed to deliver that purpose and role, including:
  - How PHS would work to enable and support the public health system including its values, culture and operations
  - PHS on day one: describes how the organisation will be set up on day one
  - Moving beyond day one: sets out a timeline for moving beyond day one and highlights what PHS should consider as it does this
  - Locations: where PHS's people would be located

[78] Scottish Government / COSLA. Target Operating Model version 2.0. May 2019.

- Information: the systems and technologies needed to support PHS's processes
- Suppliers: the services and other inputs PHS would need which are provided by other organisations
- Leading and Managing PHS: how the organisation would be governed, led, held accountable, make decisions and improve its performance
- Finances: PHS's spending, and levels and sources of funding

Values

5.1.17 The TOM set out the new organisation's values: collaboration, integrity, respect, excellence and innovation. These values were shaped and agreed by the staff that were joining PHS on day one.

- Collaboration: Working together for the benefit of all. PHS will develop long term relationships based on trust and participation, and actively listen to the needs of all our stakeholders and work collaboratively to produce effective responses – including those who are sometimes overlooked.
- Integrity: Doing the right thing the right way. PHS will deliver on what it promises. It will also speak out on uncomfortable truths.
- Respect: Valuing every perspective. PHS will respect the rights of all to contribute fully and to be treated with dignity. It will respect the position of its stakeholders, even when it disagrees.
- Innovation: Creating shared solutions, changing lives. PHS will seek out ideas from all sectors and aspects of life – not just those who have traditionally dominated public health. Public Health Scotland will support its staff to take risks and learn from mistakes.
- Excellence: Being the best we can be. PHS will exceed expectations and be leaders in our field, constantly seeking to evaluate and improve the work we do.

Shared Services

5.1.18 The TOM also set out plans around shared services. In line with the Christie Commission's[79] recommendations (see Policy and Legislative Timeline above), PHS was expected to use shared services from across the public sector. Shared corporate services were explored in five areas:

- Finance and legal
- Human resources
- Information technology
- Operations management
- Procurement

5.1.19 The TOM was clear that because strategic business units in NHS National Services Scotland (NSS) currently supply these services to Public Health and Intelligence, NSS was the preferred partner for shared services in these areas.

[79] Scottish Government. Commission on the Future Delivery of Public Services. June 2011

5.1.20 PHS went on to develop Service Level Agreements with NSS for the provision of services in these areas. The majority of staff from NHS Health Scotland who worked in these areas were transferred to NSS on 1 April 2020 rather than joining PHS.

Branding

5.1.21 In line with the TOM, and the Branding and Identity project,[80] a new brand was created for PHS. A new brand concept was seen to be important for setting out the vision and values of PHS and establishing a corporate identity that resonates with stakeholders and partners. The intention was that the brand concept would apply across all public facing aspects of the new body, for example content web and digital, corporate documents and publications and corporate communications.

5.1.22 The plan to cease the use of the legacy organisation brands on 1 April 2020 was impacted by the pandemic. PHS was asked by Scottish Government to continue the use of the HPS brand in order to ensure consistency of messaging around the pandemic response and maintain confidence in the integrity of the information being released. Therefore although HPS became part of PHS on 1st April 2020 (with the exception of ARHAI as mentioned above), the HPS brand and identity continued to be used on guidance documents and other publications after April 2020. This led to continued references to HPS both within the Clinical and Protecting Health Directorate of PHS and in the Scottish Government, the Scottish Parliament and in the media for some time after HPS ceased to exist. The Cabinet Secretary for Health and Social Care agreed to the HPS branding no longer being used on 15th March 2022.

Annual Operational Plan 2020/21

5.1.23 In order to plan effectively and make the best use of PHS's resources, teams from across the legacy organisations worked together in 2019-20 to develop an Annual Operational Plan (AOP) for the first year of PHS's operation. This plan brought together the work programmes of Health Protection Scotland, Information Services Division and NHS Health Scotland. The plan was to form part of the agreement PHS would have with the sponsors in the Scottish Government and COSLA. It was to incorporate the obligations expected of PHS from an operational plan (what PHS would do), a workforce plan covering staff resource and capacity, and a finance plan covering the budget. The AOP would form the basis of how PHS would report on performance as an organisation to the Board of PHS on a quarterly basis.

5.1.24 The AOP set out the work that the new body planned to undertake in 2020/21 and covered all elements of PHS's work including health protection, health improvement, population integrated care, work to support the national Public Health Priorities (PHPs), work to support whole system working, underpinning data and intelligence functions, and work to fully establish and deliver the ambitions of PHS.

5.1.25 The AOP was clear that the first year of PHS's operation would be a transition year. Much of the work would be a continuation of what the legacy organisations had been

[80] Scottish Government / COSLA. PHR PHS Branding PID V0.4 Draft. November 2018.

doing in 2019/20 but, by bringing together complementary areas of work from across PHI and NHSHS, and planning together, the intention was to be able to start together on 1 April 2020 with shared programmes of work and a shared understanding of the added value that will come from being together in PHS.

5.1.26 The development of the AOP was overseen by the Strategic Planning, Performance Management and Risk Management Group, which included staff from PHI and NHSHS. This group was tasked by the PHS Shadow Executive Management Team (EMT) to develop a shared approach to planning for the first year of PHS's operation and to develop the AOP for 2020/21.

5.1.27 11 strategic areas were identified which were to cover the entirety of PHS's work in the first year. These were:

- Protecting the health of the people of Scotland
- Supporting the realisation of PHP1: vibrant, healthy and safe places and communities
- Supporting the realisation of PHP2: flourishing in our early years
- Supporting the realisation of PHP3: having good mental wellbeing
- Supporting the realisation of PHP4: reducing the use of and harm from alcohol, tobacco and other drugs
- Supporting the realisation of PHP5: having a sustainable, inclusive economy with equality of outcomes for all
- Supporting the realisation of PHP6: eating well, having a healthy weight and being physically active
- Supporting whole system approaches
- Maximising the public benefit of data, digital and intelligence
- Supporting the Quality and Sustainability of Integrated Care
- Work to fully establish and deliver the ambitions of PHS

5.1.28 The Annual Operational Plan for 2020/21[81] was submitted to the Scottish Government and COSLA on 24th February 2020. Please see the section below *Impact of COVID-19 on the PHS Annual Operational Plan*.

Excerpt from Annual Operating Plan: Protecting the health of the people of Scotland

PHS will plan and deliver effective and specialist national services which coordinate, strengthen and support activities in order to protect the people of Scotland from infectious and environmental hazards.

PHS will provide advice, support and information to health professionals, national and local government, the general public and other bodies that play a part in protecting health. Our work to prevent the spread of infectious diseases will include providing guidance and support around a wide range of infections including COVID-19, Human papillomavirus (HPV), HIV, those causing foodborne illness and influenza. Scientific and medical staff will also provide specialist operational support

[81] Public Health Scotland. Annual Operational Plan for 2020/21. Available on request from PHS.

and advice to stakeholders around environmental hazards such as flooding, air, water and land contamination. This includes advice during acute incidents and also for chronic exposures resulting from incidents that extend over a longer period of time. Surveillance and monitoring of hazards and exposures is important to this work, as is research and innovation specific to health protection.

Specific examples of work planned in this area include:

- Fostering a new post-Brexit UK-wide collaborative approach to the surveillance of communicable diseases and health problems associated with environmental hazards, including training and the development of a shared strategy.
- Demonstrating the public health benefit of new influenza vaccines for seasonal influenza.
- Strengthening our contribution to public health microbiology.
- Providing strategic leadership for High Consequence Infectious Disease preparedness in Scotland.
- Developing a national Vaccine Transformation Programme evaluation framework to help us to understand the impact of new service models on different population groups.

We will contribute to the Programme for Government commitment to eliminate Hepatitis C in Scotland by 2024 by co-ordinating the implementation of the Hepatitis C Elimination Strategy and we will coordinate the development of an HIV Elimination Strategy to be submitted to government for consideration. Collaboration is central to our health protection work. This includes working closely with the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) centre of excellence (currently within NHS National Services Scotland), working with academia and hosting the Scottish Health Protection Network (SHPN).

5.2 Board and Governance

Shadow/Interim Chair

5.2.1 The Cabinet Secretary for Health and Sport announced the appointment of Professor Jim McGoldrick as Shadow Chair of PHS on 31st May 2019. The intention had been that Jim McGoldrick, who took up the appointment on 1st July 2019, would be in post on a transitional basis until 11th October 2019 to allow for recruitment of a permanent chair to be completed. However, as a result of the pandemic, Professor McGoldrick received a series of extensions[82] and remained in post, first as Shadow Chair and then as Interim Chair, until 31st August 2021.

Shadow Executive Management Team

5.2.2 A Shadow Executive Management Team was established in June 2019 to work with the Shadow Chair to take forward the work of implementing the Target Operating Model. The role of the Shadow EMT was to:

[82] Scottish Government. Public appointments: news releases. October 2020.

- Provide direction, oversight and decision-making in relation to all matters affecting the Day 1 operations and requirements of PHS
- Manage the detailed transition and readiness planning needed for Day One
- Communicate these planning and transition arrangements to staff
- Oversee related risk management and issues resolution.

5.2.3 There were three particular areas of focus:

- Senior staff ownership of the PHS ambition – ensuring considerable momentum and development remains in place throughout the journey to Day 1 and that all staff in Health Scotland and PHI are able to come together through the transition period and take ownership of the Day One solution and wider benefits realisation that PHS will deliver
- Corporate services arrangements - ensuring alignment, removal of any duplication across the programme and value for money is being achieved
- Ensuring transparent budgeting and reporting arrangements are in place for Day One.

Chief Executive appointment

5.2.4 It was announced on Thursday 19th September 2019 that Angela Leitch would be the organisation's first Chief Executive. Angela took up post in November 2019, working alongside Shadow Chair Jim McGoldrick and leading the Shadow Executive Management Team in the work to implement the Target Operating Model.

Recruitment to the Board

5.2.5 The PHS Board[83] consists of:

- The Chair
- The Chief Executive (the only Executive member of the Board)
- Non-executive Directors appointed through the Public Appointments Unit in the Scottish Government
- Non-executive Directors appointed through COSLA
- The Employee Director (see Staff Partnership below)

5.2.6 Nine Non-Executive Directors were appointed through the Scottish Government Public Appointments process and took up post on 1st April 2020[84]:

- Ann McKechin (Vice Chair)
- Anna Black
- Colin McLean
- Rak Nandwani
- Jane Claire Judson
- Steven Barron
- Elizabeth Humphreys
- Marion Bain

[83] Public Health Scotland. Our Board Members. Accessed January 2023.

[84] Scottish Government. Public appointments: news releases. Accessed January 2023.

5.2.7 The Employee Director, Michael Craig, also took up post on 1st April 2020.

5.2.8 The COSLA representatives were appointed to the Board on 1st May 2020[85]:

- Councillor Julie Bell
- Councillor Jacqueline Cameron

5.2.9 Marion Bain has subsequently left the PHS Board, and two new Non-executive Directors were appointed to the Board in 2022:[86]

- Ewan Pow
- Carron McDiarmid

New Chair

5.2.10 The Minister for Public Health, Women's Health and Sport Maree Todd MSP, and COSLA Health and Social Care Spokesperson Councillor Stuart Currie, announced the appointment of Angiolina Foster CBE as the new Chair of PHS on 11th August 2021.[87] The new Chair took up post on 1st September 2021.

Governance structure

Board

5.2.11 The PHS Board is responsible for:

- setting the strategic direction for the organisation and defining annual plans
- ensuring that plans and performance take account of and are responsive to stakeholder needs
- monitoring performance against objectives to check that PHS is delivering the right outcomes
- ensuring effective financial stewardship
- ensuring high standards of governance and conduct throughout the organisation, consistent with PHS values

5.2.12 The Board met for the first time on 20th May 2020.[88] Board meetings took place online using Microsoft Teams, and under the 'governance light' approach instructed by the Scottish Government. The aim of governance light was to reduce the demands on the Executive Team and their supporting staff, as they prioritised the response to the pandemic.

5.2.13 The Scottish Government Director of the Health Finance, Corporate Governance and Value Directorate, Richard McCallum, wrote to Board Chairs on 25th March 2020 to set out the Scottish Government's understanding that:

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[85] Public Health Scotland. COSLA representatives appointed to the PHS board. May 2020.

[86] Scottish Government. Public Appointment: Members appointed to the Public Health Scotland Board. June 2022.

[87] Scottish Government. Public appointment: chair appointed to Public Health Scotland board. August 2021.

[88] Public Health Scotland. Our Board meetings and papers. Accessed January 2023.

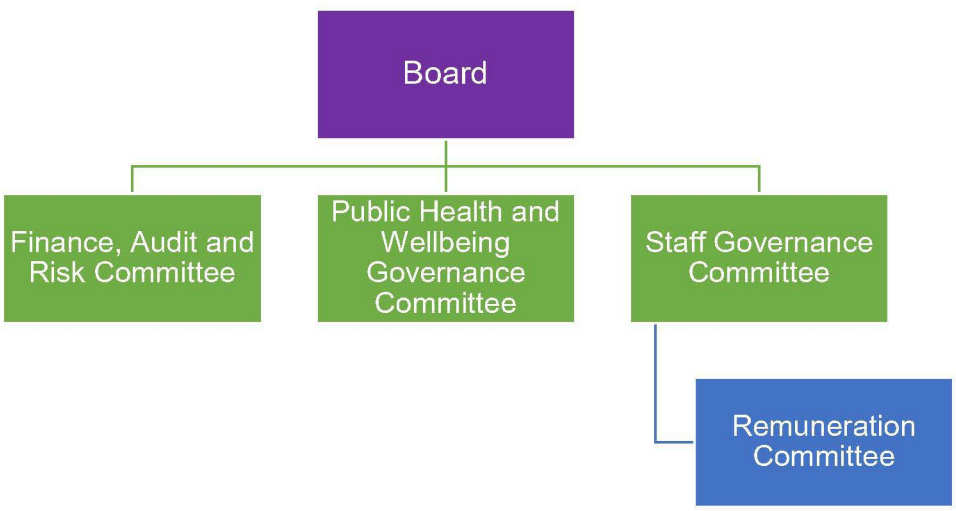
'The primary concern of all Boards will be to ensure an absolute focus on the response to the current situation and that they can give support to the Chief Executive and the executive team as they prepare the organisation's response. Effective governance will need to be maintained – but that will need to be different from the structures used currently. I am aware that Boards are standing down committees and altering agenda to allow the maximum focus on their COVID response.'

5.2.14 Richard McCallum wrote to Chairs again in November 2020 to reiterate that 'It remains the primary duty of all Boards to ensure an absolute focus on the response to the current situation and that they provide all necessary support to the Chief Executive and the executive team as they lead the health system's response to the pandemic.'

5.2.15 The Chief Executive and Interim Chair of PHS spoke on an almost daily basis throughout the initial phase of the pandemic and on a regular basis following that.

Committees

5.2.16 PHS established governance committees that operate as standing committees of the Board.[89]



5.2.17 The Finance, Audit and Risk Committee supports the Chief Executive, as Accountable Officer, and the Board in their responsibilities for issues of risk, control and governance and associated assurance. The Committee is an advisory and commissioning committee promoting a climate of financial discipline and internal control and overseeing arrangements to attain value for money, regularity and propriety and reduce the risks of financial or other mismanagement.

5.2.18 The Public Health and Wellbeing Governance Committee ensures that PHS is generating, accessing and mobilising all of the data and evidence required to ensure

[89] Public Health Scotland. Governance committees. Accessed January 2023.

that the organisation is focused on and delivering the most effective solutions to tackling Scotland's persistent poor outcomes in health, wellbeing and inequalities.

5.2.19 The Staff Governance Committee ensures that PHS establishes a culture where the workforce of the organisation is supported to deliver the organisation's strategic ambitions, in keeping with the dual accountability of PHS to the Scottish Government and to COSLA and where the highest standards of staff management are maintained. It should ensure that arrangements are in place to fully implement the Staff Governance Standard underpinned by the NHS Reform (Scotland) Act 2004 and that the principles of NHS partnership working are embedded.

5.2.20 The Remuneration Committee operates as a sub-committee of the Staff Governance Committee. The purpose of the Remuneration Committee is to ensure efficient and effective use of public money in relation to managerial and executive pay and that decisions on pay are fully supportable to the general public who will want assurances that the maximum level of resources goes into improving outcomes for the people of Scotland. The Committee also ensures that appropriate systems for professional registration and other related processes are in place.

5.3 Staff Partnership

5.3.1 PHS is constituted as an NHS Board, and as such it is required to have in place formal partnership working arrangements, including a Partnership Forum, in line with the guidance associated with NHS Scotland's Staff Governance Standard[90], the overarching purpose of which is to ensure the fair and effective management of staff.

5.3.2 Partnership working has been at the heart of how the NHS has worked in Scotland since 1999. It is about delivering the process, infrastructure and behaviours required to achieve the common objective of management and staff working together to shape policy and improve services. It places a shared responsibility upon managers, staff and their representatives to involve and keep staff informed throughout the process of formulating, consulting upon, implementing and evaluating issues related to the management of change, service delivery and the working environment.

5.3.3 The Partnership Model is underpinned by number of important principles. These include:

- Trades unions and management are recognised as partners in the process of formulating and implementing plans within the terms of the agreement.
- Management and trade unions have a right to be at all levels of the partnership process.
- Trade unions and managers agree to work within the framework set out in the agreement.
- Appropriate arrangements, including the provision of time and resources, are made to enable all to participate in the partnership process. This is part of PHS's facility arrangements.

[90] NHS Scotland. Definition of the Staff Governance Standard — NHS Scotland Staff Governance. Accessed January 2023.

- Effective involvement means that all stakeholders are involved in the review of any current policy or service, including any in any proposal for such a review.

5.3.4 Taking into account the above model and principles for partnership working in the NHS in Scotland, the partnership process can be described as follows:

- Informal discussion between Chief Executive and the Staff Side Chair of the Partnership Forum, or representatives, about an emerging change or new approach.
- Early discussion of emerging issues in the Partnership Forum with this being the default position for any issues affecting staff.
- Establishment, where agreed, of specific project steering or sub-groups of the Partnership Forum, to progress particular issues or develop specific proposals.
- Agreed approaches to involvement and consultation of staff in any proposed change, including joint and early briefing of all staff potentially affected by a proposed change.
- Agreed approaches to influencing the external change environment to ensure optimum partnership working approaches as they affect PHS and our staff
- Direct and open involvement of staff representatives in any number of initiatives or groups deemed to be relevant or have an impact on staff, e.g. strategic and operational business planning.

5.3.5 The Partnership Forum (PF) is the focal point for this Partnership Agreement. The PF, which is made up of management and staff side representatives, oversees and monitors the partnership process and effectiveness of partnership working.

5.3.6 The Staff Side Chair of the Partnership Forum is a critical role within NHS Scotland's partnership and decision-making processes. The Staff Side Chair of the Partnership Forum is invited, subject to Ministerial approval, to sit on the PHS Board.

5.3.7 The Staff Governance Committee, a Standing Committee of the Board which is charged with satisfying itself that PHS has the processes in place to manage staff effectively and to comply with the Staff Governance Standard, provides a further important connection between the functions of governance and partnership, and includes staff side representatives among its members.

6. Public Health Scotland April 2020 – November 2022

Key points

PHS was launched at the outset of the COVID-19 pandemic, during the first UK-wide lockdown. The plans put in place for the organisation over the years leading up to the launch of PHS had to be rapidly revised in the context of the pandemic. Providing a robust and effective contribution to Scotland's response to COVID became the organisation's over-riding priority.

6.1 Day one context

6.1.1 By 1st April 2020, the majority of staff of the newly created public health body were working from home in line with the requirements of the first UK-wide lockdown. The exception to this was staff involved in the response to the pandemic who required access to systems that was not yet possible remotely.

6.1.2 Despite the unprecedented circumstances, the new organisation launched on 1st April as planned.

6.1.3 Health Protection Scotland (HPS) had been leading the national public health response to COVID-19 since the beginning of the outbreak in December 2019. Following the launch of PHS on 1st April 2020, responding to COVID-19 became the organisation-wide focus of PHS.

6.2 Day one staffing and structure

6.2.1 Employees in NHSHS, ISD, and HPS (all employees with the exception of those outlined above in the Legacy Bodies section) were transferred to PHS under the Transfer of Undertakings (Protection of Employment) Regulations 2006[91] as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014.[92] This is known as TUPE.

6.2.2 Letters were issued to staff in March 2020, advising them that their employment with NHSHS/NSS would transfer to PHS with effect from Wednesday 1st April 2020.

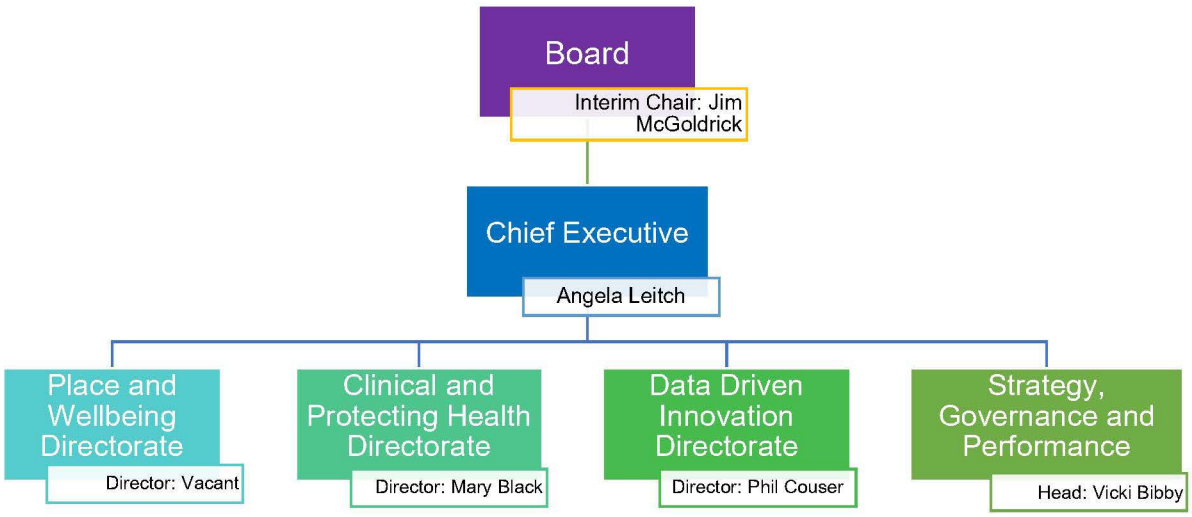
6.2.3 TUPE provides for the protection of employees in the event of a change in the employer to ensure that their rights are safeguarded. Therefore all staff transferred to PHS on their current terms and conditions of employment.

6.2.4 PHS had 1,143 members of staff on day one.

[91] National Archives. The Transfer of Undertakings (Protection of Employment) Regulations 2006. 2006

[92] National Archives. The Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014. 2014

6.2.5 At its inception, PHS had three directorates and one service area as shown below. All staff were allocated to one of the four areas for day one. The Chief Executive, three Directors and the Head of Strategy, Governance and Performance together made up the Senior Leadership Team (SLT).



6.2.6 The Clinical and Protecting Health directorate's purpose is to protect the people of Scotland from infectious and environmental hazards; enable high-quality clinical and public health knowledge, research and innovation; and improve clinical and public health practice by using audits at a national and local level.

6.2.7 The Data and Digital Innovation Directorate's purpose is to harness the power of innovation and data science to transform, expand and release the potential of our data and information assets in order to lead a data driven approach to improving public health outcomes nationally and locally.

6.2.8 The Place and Wellbeing Directorate's purpose is to provide world class evidence, data and public health expertise to drive improvements in the health of the Scottish population. This includes areas such as the economy and poverty, mental wellbeing, and healthy and sustainable places.

6.2.9 The Strategy, Governance and Performance[93] service area/directorate's purpose is to provide critical internal and external functions for the organisation. With a responsibility for strategic planning, performance, people and communications, this directorate leads, drives and supports the organisation to deliver, with impact, the ambitious transformation programme.

[93] The Strategy, Governance and Performance Directorate was initially a service area rather than a directorate.

6.3 Impact of COVID-19 on our Annual Operational Plan

6.3.1 The plans put in place for the organisation over the years leading up to the launch of PHS had to be rapidly revised in the context of the pandemic. Providing a robust and effective contribution to Scotland's response to COVID became the organisation's over-riding priority, together with protecting staff wellbeing.

6.3.2 On 8th April 2020, the Chief Executive received a response from the Scottish Government on the Annual Operating Plan we had submitted in February.[94] John Connaghan, the Chief Performance Officer, NHSScotland and Director of Delivery and Resilience, explained that as a result of COVID-19, there was to be a pause to annual operational planning to allow a focus on planning and delivering the response to the pandemic.

> **Excerpt from the letter received in response to the PHS Annual Operating Plan 2020/21**
>
> Thank you for submitting Public Health Scotland's first ever draft Annual Operational Plan (AOP), setting out your operational priorities and key actions for 2020/21. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of the AOP over the last few months.
>
> I am writing to confirm that I recognise and fully support the fact that the key focus of Public Health Scotland at this time is, and for the foreseeable future will be, on leading on the response to the current COVID-19 pandemic and on enacting your Local Mobilisation Plan in conjunction with the National Mobilisation Plan. I recognise that the work undertaken by Health Protection Scotland continues within Public Health Scotland with no break in service as a result of the move to Public Heath Scotland. In light of this priority, we are taking the latest AOP draft received from you as a 'baseline', which will be held on file for the moment and which will form the basis of a Recovery Plan when we are in a position to begin to consider that process.

6.3.3 In order to refocus staff and resources across the organisation on supporting the country's response to COVID-19, the Senior Leadership Team worked to identified business critical work that must continue and all other work was paused. The Senior Leadership Team kept the business critical work and paused work under ongoing review.

6.3.4 We reported the position to the Scottish Government on 13th April 2020 in *Impact of COVID-19 on our Annual Operational Plan*.[95]

[94] Available on request from PHS.

[95] Available on request from PHS.

Excerpt from *Impact of COVID-19 on our Annual Operational Plan*

Health Protection

The following will continue as business critical work alongside work on COVID-19:

- Surveillance of acute infections and outbreaks, and acute environmental incidents
- Maintenance of Travax and Fit for Travel
- Technical advice and associated activity in response to outbreaks and incidents
- Management of the PWID (people who inject drugs) HIV incident and monitoring of HIV PrEP (pre-exposure prophylaxis) in relation to the incident.
- Vaccination of pregnant women, childhood programme, at-risk individuals, certain vaccines for the older population; preparations for flu programme 2021, subject to Cabinet secretary approval.
- Surveillance of acute infections and outbreaks such as meningococcal, measles and associated secondary infections (eg. pneumo and H influenza)
- Surveillance of acute infection such as influenza, Invasive Group A strep (iGAS), Tuberculosis, Legionella

All other health protection work has been paused.

Place and Wellbeing

The following work has been identified as business critical and will continue alongside focused work on planning for social recovery from COVID-19:

- Influencing work in key policy areas including homelessness, migrant health, Gypsy Travellers, substance use and mental health as we know vulnerable people will be particularly hard hit by the pandemic.
- Implement Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) and the evaluation plan for Minimum Unit Pricing (MUP)
- Support for planned legislation around restricting promotion of foods high in salt, fat and sugar
- A commissioned programme of work from the Scottish Community development Centre supporting community-led health
- Influencing national government guidance on food insecurity
- Technical input to the development of World Health Organization (WHO) Child and Adolescent Health Strategy
- Supporting the evaluation of the expansion of Early Learning and Childcare from 600 hours to 1140 hours
- Developing a public health approach to mental health and managing and delivering national licenced mental health and suicide prevention programmes
- Supporting the Rights Respect Recovery monitoring and evaluation framework

The majority of our remaining health improvement work has been paused.

Data Driven Innovation

Business critical work is focused on our response to COVID-19 and maintaining agreed core data sets and statistical outputs agreed with Scottish Government. The former includes a range of data and analytical outputs such as identification of patients for inclusion in shielding and work in support of the expert scientific group.

We have paused the following work:

- Around 40% of the planned statistical publication schedule between now and August (as agreed and discussed with Scottish Government)
- Further development or roll out of data and intelligence products, including the Atlas of Variation, Excellence in Care, and Discovery
- Progress on some new data collections in order to focus on the maintenance of business essential data collections
- Those clinical audits that are not essential in the current emergency, allowing refocus on those which are.
- Routine business of the Local Intelligence Support Team, with a refocus on COVID 19 support
- Reduced and paused work in support of clinical trials.

Corporate Support

The launch of Public Health Scotland as a new body remains critical to keeping essential public health services delivering and resilient, and providing public health leadership to support the social recovery from COVID-19. Corporate efforts are therefore currently focused on:

- Working with the Scottish Government and COSLA to fully establish governance arrangements for Public Health Scotland.
- Effective communication with stakeholders on COVID-19
- Essential workforce recruitment and resilience support, including supporting staff to make most appropriate use of IT and digital solutions.
- Business critical work on the Public Health Scotland website and staff intranet
- Exploiting the changes in working practice necessitated by COVID-19 to 'kick start' cultural changes that will be beneficial to Public Health Scotland in the long term
- Responding to Freedom of Information requests, supporting responses to Parliamentary Questions and other essential reporting asks

6.3.5 Over the period from March 2020 to September 2021, the Scottish Government requested four 'remobilisation plans' from NHS Boards, including PHS.[96]

6.4 Finance and budget

Day one budget

6.4.1 PHS's opening budget was £80.6 million. This includes a recurrent resource funding budget of £47.9 million brought together from the legacy bodies:

- £27.1 million from ISD and HPS
- £18.9 million from NHSHS

6.4.2 The opening budget also included a funding uplift of £1.9 million from the Scottish Government to meet expected additional pay costs.

[96] Available on request from PHS.

6.4.3 Total resource funding and income forecast rose to £71.0 million after including £23.1m non-recurrent streams from the legacy bodies together with additional transformation funding provided by the Scottish Government.

6.4.4 There was also capital funding of £1.1 million within the baseline position.

6.4.5 This is shown below along with the position for 2021-22.

Funding by Type	20-21	21-22
	£M	£M
Baseline	47.9	50.6
Earmarked Recurring	2.5	2.5
Non-Recurring - Non-COVID	11.3	10.2
Non-Recurring - COVID	11.1	24.2
Total SG Funding	**72.8**	**87.4**
NHS Scotland Income	3.0	3.0
Secondments	1.2	1.2
Other Income	3.6	4.2
Grand Total	**80.6**	**95.7**

Impact of COVID-19 on finance and budget

6.4.6 PHS's opening budget and staffing levels were not sufficient for PHS to deliver the the health protection response required by the pandemic. PHS submitted bids to the Scottish Government for additional funding. In 2020/21 this totalled £11.3 million, which covered costs such as:

- Additional staff resources, mainly in Health Protection and Data Analytics
- Digital Transformation
- Genomics
- Marketing campaigns
- National Contact Tracing
- School Surveillance
- Serology

6.5 Pandemic response

6.5.1 As the national agency with the remit to protect and improve heath, PHS was responsible for leading and contributing to Scotland's response to COVID-19 across a broad range of areas. What follows is intended to give an indication of the contribution made by the organisation but it is not designed to be detailed or exhaustive. Some elements of what follows are ongoing and described in the present tense. Others are no longer current or required as a result in changes to the way the pandemic is being managed and are therefore described in past tense. Further, more in-depth information can be provided on request to the inquiry in each area.

Providing expert advice to the Scottish and UK Government

6.5.2 PHS provides advice directly to Scottish Government colleagues. During the height of the pandemic this advice was provided on a daily basis. This includes providing direct contributions verbally and in writing, attending ministerial briefings, and supporting media briefings.

6.5.3 PHS is represented on a number of expert advisory groups at a national and UK level. This involved submitting papers, answering specific questions on effective interventions, providing briefing materials, and providing rapid comment on policy proposals. For example:

- The New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG)
- The Senior Clinicians UK Advisory Group
- The Scientific Advisory Group for Emergencies (SAGE)
- The Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O)
- The Scottish Government COVID-19 Advisory Group
- The Scottish Government COVID-19 Education Recovery Group (CERG)
- The Scottish Scientific Advisory Board on COVID-19 Testing
- The National Incident Management Team (NIMT)
- The Scottish Government Four Harms Group

6.5.4 PHS chairs the NIMT which, provides recommendations to the Scottish Cabinet on measures to control the pandemic. Through these groups, and the provision of data and intelligence, PHS supported the review of restrictions and, during the time in which the country was under the system of protection levels, the allocation of levels to local authority areas. This includes contributing to State of the Epidemic reports[97], which were considered by the Scottish Government Cabinet, and supporting longer-term scenario planning and modelling.

Collaborating with national and local partners to help to coordinate the response

6.5.5 PHS worked with partners across the system to coordinate the response, including local and national government, COSLA and SOLACE, Directors of Public Health (DsPH), local and national NHS Boards, and national bodies including the Care Inspectorate, Scottish Care, Healthcare Improvement Scotland, Improvement Service and the Health and Safety Executive.

6.5.6 This involved taking part in subject-specific groups looking at specific aspects of the response, such as the groups looking at the Care Home outbreak, and also supporting collaborative leadership through groups such as the National Boards

[97] Scottish Government. Coronavirus (COVID-19): protection levels - reviews and evidence. Accessed January 2023.

Collaborative, the NHS Boards Chief Executives Group, and through close working with the DsPH and local Incident Management Teams.

Working across the UK to agree effective infection prevention and control guidance, and producing specific guidance tailored to Scotland

6.5.7 PHS worked with Public Health England, the Department of Health and Social Care in the UK Government, Public Health Wales, the Public Health Agency of Northern Ireland, and NHS England to develop and maintain a consistent and resilient UK wide approach to infection prevention and control advice. This included jointly issuing UK-wide COVID-19 infection prevention and control guidance, which was then tailored to the specifics of the Scottish context.

6.5.8 PHS also provides guidance,[98] which continues to be updated as the situation evolves, for health protection teams and healthcare practitioners, as well as setting-specific guidance for non-healthcare settings including schools, places of detention, and care homes.

Collaborating on effective modelling to support decision making

6.5.9 PHS supports the Scottish Government's modelling of future projections of the pandemic through the provision of data and intelligence on case numbers. PHS collects, analyses and reports on a wide range of data on COVID-19 including testing data, contact tracing figures, confirmed cases, admissions to hospital, care home data and death data. PHS shares management information with Scottish Government colleagues and make data available for partners and the public through dashboards on cases and infection levels[99] and the wider impact[100] of the virus, and a weekly statistical report.[101] This weekly report is now a wider weekly national respiratory infection and COVID-19 statistical report.[102]

6.5.10 PHS worked with partners to develop and improve demand and capacity modelling in relation to health and social care services. This provided crucial intelligence for the mobilisation and planning of resources across health and social care and wider public services. This was informed by our enhanced surveillance programme, which monitors the spread of the infection through the population.

6.5.11 PHS worked with the Chief Statistician, DsPH, Directors of Planning, and academic modellers through the COVID-19 Modelling Collaboration and the SPI-M-O group (a sub-group of SAGE that gives expert advice to the UK Government on COVID-19 based on infectious disease modelling and epidemiology) to deliver high quality and consistent modelling outputs to support local and national pandemic response planning.

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[98] Public Health Scotland. COVID-19 Health Protection Guidance. Accessed January 2023.

[99] Public Health Scotland. COVID-19 Weekly report dashboard. Accessed January 2023.

[100] Public Health Scotland. COVID-19 wider impacts dashboard. Accessed January 2023.

[101] Public Health Scotland. Weekly COVID-19 Statistical report. Accessed January 2023.

[102] Public Health Scotland. Weekly national respiratory infection and COVID-19 statistical report. Accessed January 2023.

Advising on the development of national testing strategy

6.5.12 PHS advised Scottish Government on the development of a national testing strategy as part of a wider national COVID-19 response strategy. This included collaborating with DsPH on the strategic principles and with NHS Boards specialist virus and diagnostic laboratories on the practicalities of testing and reporting. PHS also undertook modelling on demand for diagnostic testing so that demand could be matched to supply and allow proper, flexible planning

Working with Scottish Government and DsPH on the development and roll out of the Test, Trace, Isolate and Support programme

6.5.13 On 4th May 2020, the Scottish Government published Covid-19: Test, Trace, Isolate, Support - A Public Health approach to maintaining low levels of community transmission of COVID-19 in Scotland.[103] PHS provided expert advice in the development of the overall approach and thereafter advised on the roll out of the programme.

6.5.14 PHS led on the contract tracing component of the strategy. This included:

- working collaborative with DsPH to put in place a locally delivered, nationally supported contact tracing service (this involved quickly recruiting and training over a thousand contact tracers, which supported the contact tracing of 201,378 cases in the first year, resulting in 487,548 people being contacted to self-isolate)
- working with the Digital Health and Care Institute to deliver a digital product that will support self-service and staff-input for identifying contacts with a focus on supported self-management of isolation
- working in partnership with NHS Education for Scotland to develop the public health workforce capacity around contact tracing
- supporting measures designed to prevent new cases being brought into Scotland while border control measures were in place.

Supporting the public health response to the care home outbreak by leading on the analysis of testing data

6.5.15 PHS led on the analysis of testing data from care homes, working with local NHS Boards who were at the time leading on enhanced outbreak investigation in care homes. PHS worked closely with the Scottish Government, DsPH and the Care Inspectorate both on an advisory basis and through membership of a number of groups focussing on the care home outbreak.

6.5.16 The Cabinet Secretary for Health and Sport commissioned us to carry out analysis of the impact of discharges of patients from hospitals into care homes. PHS worked in partnership with Edinburgh and Glasgow universities and published *Discharges from*

[103] Scottish Government. Covid-19: Test, Trace, Isolate, Support - A Public Health approach to maintaining low levels of community transmission of COVID-19 in Scotland. May 2020.

NHS Scotland hospitals to care homes[104] in October 2020. The report is in two parts: a descriptive section detailing what happened, how many cases there were, and how that fit with the changes in guidance at the time, and more detailed analysis to show the relative risk of a range of factors on outbreaks in care homes. The findings showed that care home size has the strongest association with outbreaks of COVID-19, and that this association persists after taking account of other care home characteristics including discharge from hospital. Hospital discharge is associated with an outbreak when considered on its own but, after adjusting for other factors like care home size, the risk reduces and is not statistically significant.

Providing evidence and public health leadership around provisions relating to schools

6.5.17 PHS worked with the DsPH, the Association of Directors of Education in Scotland, COSLA and Solace and alongside the childcare, education, and youth work sector in Scotland to support the safe return of pupils to school in August 2020. This included:

- providing infection guidance specific to schools
- working to address the broader impacts of the reopening of schools on the health and wellbeing of children and young people, parents and education staff
- developing an enhanced surveillance programme to ensure timely intelligence is available to key partners

6.5.18 Throughout the pandemic PHS supported decision-making around whether or not schools should be open to pupils. Evidence from the programme of enhanced surveillance of COVID-19 in educational settings[105] helped inform the development of educational policy.

6.5.19 The PHS COVID-19 Early Years Resilience and Impact Survey[106] (CEYRIS) explored the experience and impact of COVID-19, and the associated restrictions, on young children (2–7 years old) in Scotland. The organisation published a series of reports covering key behaviours, children's play and learning, use of outdoor spaces, social interactions, and the experience of parents and carers.

Shaping the digital infrastructure and developing tools that support the pandemic response

6.5.20 This includes public-facing data shared through dashboards and Official Statistics publications, and management data shared with the Scottish Government and other key partners to facilitate decision-making.

- PHS published a weekly statistical report on COVID-19[107] from May 2020 to November 2022. This initially focussed on confirmed cases and hospital

[104] Public Health Scotland. Discharges from NHSScotland hospitals to care homes - Between 1 March and 31 May 2020. October 2020.

[105] Public Health Scotland. Enhanced surveillance of COVID-19 in education settings. Accessed January 2023.

[106] Public Health Scotland. COVID-19 Early years resilience and impact survey (CEYRIS). September 2020.

[107] Public Health Scotland. COVID-19 statistical report. Accessed January 2023.

admissions, but later included data on vaccine uptake, contact tracing, border control, Variants of Concern, and the wider impact of COVID-19. COVID-19 data has been subsumed into the weekly national respiratory infection and COVID-19 statistical report[108] since November 2022.

- In April 2020 PHS launched a public-facing dashboard with data on confirmed cases updated on a daily basis. An enhanced version[109] was launched in October 2020, which included neighbourhood level data and new interactive features. The dashboard has had over 50 million hits since its launch.
- In May 2020 PHS launched a new dashboard on the wider impact of COVID-19 on the healthcare system,[110] which provides a high level overview of how the pandemic is impacting more widely on health and health inequalities. The dashboard includes data on hospital admissions, A&E attendances, cancer services, excess mortality, and mental health.
- In December 2020 PHS launched a Serology Surveillance Dashboard.[111] The serology surveillance programme used blood samples provided in community healthcare settings and by blood donors to estimate the proportion of people who had antibodies to the virus in the general population and to see if this changed over time.
- PHS led the development and deployment of a geospatial tool for NHS Boards and local authorities that allows the rapid identification and investigation of outbreaks in local areas by linking cases, contacts and places. This used visualisations to make it easier to spot patterns between cases and the locations they have visited and drill into the data to identify possible locations of community transmission. The tool helped to inform local and national policy, advice and communications.

Supporting whole genome sequencing

6.5.21 PHS works as a member of the COVID-19 Genomics UK (COG-UK) Consortium to undertake Whole Genome Sequencing (WGS) of SARS-CoV-2, the virus that causes COVID-19. Genomic sequencing enables us to track and understand viral chains of transmission and investigate their origins, identify outbreaks and take targeted action to reduce the size of the outbreaks and minimise recurrences, and identify clinically relevant mutations ('Variants of Concern') particularly those with clinical impacts on transmission, severity or vaccine efficacy.

6.5.22 PHS worked with NSS and partners in the specialist NHS Virus laboratories to establish an end-to-end COVID whole genome sequencing (WGS) service[112] for NHS Boards in Scotland. Funded by the Scottish Government, the WGS Service supports the identification and investigation of outbreaks and incidents to further enhance the public health response.

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[108] Public Health Scotland. Weekly national respiratory infection and COVID-19 statistical report. Accessed January 2023.

[109] Public Health Scotland. COVID-19 Daily Dashboard. Accessed January 2023.

[110] Public Health Scotland. Wider Impacts Dashboard. Accessed January 2023.

[111] Public Health Scotland. Serology Surveillance Dashboard. Accessed January 2023.

[112] https://www.hps.scot.nhs.uk/a-to-z-of-topics/public-health-microbiology/sars-cov-2-sequencing-service/

6.5.23 The service offers rapid sequencing of COVID samples so that the 'DNA fingerprint', or genotype, of the virus can be compared with other samples to see if it is the same strain. The information is used to:

- identify outbreaks and transmission of the virus
- investigate the origins of outbreaks
- genotype virus sample to identify clinically relevant mutations
- take targeted action to reduce the size of the outbreaks
- reduce the chances of repeat outbreaks in similar settings

Supporting the roll-out of the vaccination programme

6.5.24 PHS worked with the Scottish Government, NHS Education for Scotland (NES), NSS, and local boards to design and roll out a population-wide COVID-19 vaccination programme. PHS provides clinical advice and public health leadership and leads on:

- vaccine safety: minimising the risk of harm from the vaccine
- marketing: designing, developing and distributing a comprehensive and targeted suite of information for public and professional audiences based on research insights across print and digital
- vaccine confidence and consent: undertaking equality impact assessments and research into vaccine hesitancy and societal influences to inform public messaging and the design of service delivery models to optimise and encourage access to vaccination
- surveillance and epidemiology: data analysis and reporting of vaccine uptake, research into to the effectiveness of the different COVID vaccines and the impact of vaccination on the COVID pandemic
- evaluation of the different types of service models used to deliver vaccination across Scotland to inform continuous improvement in their design and whether or not the programme meets its intended outcomes and inequality considerations

6.5.25 In addition, PHS works with NES to develop workforce education and training materials and with a range of partners to develop the necessary surveillance measures, modelling, dashboards and real time epidemiology.

6.5.26 PHS is involved in an important collaboration with university researchers, the EAVE-II project.[113] Led by the University of Edinburgh, the project uses a unique community and laboratory national linked dataset. This links data from all general practices, COVID-19 laboratories, prescribing, vaccination, hospital admissions and deaths to describe the demographics of those affected, clarify risk groups, and enable observations to be made on the effectiveness and impact of vaccines and treatments.

[113] Public Health Scotland. COVID-19 EAVE-II study. Accessed January 2023.

6.6 Strategic development and performance reporting

TOM timescale

6.6.1 The Target Operating Model 2.0 set out an indicative timescale for PHS to continue its journey beyond day one. This timescale, which was set before the onset of COVID, indicated:

- By Month 6: PHS's board has agreed its strategic plan
- By Month 9: PHS's board has agreed its organisational change plan which says how the organisation will change to deliver its strategy.
- By Month 18: PHS has aligned its organisational structure to its strategic outcomes

Strategic Plan 2020-23

6.6.2 Despite the pressures of the pandemic response, PHS published its Strategic Plan 2020-23[114] on 29th September 2020, meeting the target set in the TOM.

6.6.3 The plan was clear that as Scotland's national public health body, PHS has a role to play in contributing to all six of Scotland's Public Health Priorities. The plan sets out four cross-cutting areas that PHS would prioritise between 2020 and 2023. They represent complex challenges that require the collective action of partners across the system:

- COVID-19: maintaining and developing our pandemic response
- Community and place: with a focus on prevention and the reduction of inequalities, working with local partners to make a real difference in communities.
- Poverty and children: investing in children, in particular during the pre-school years, and acting to reduce poverty and differences in income will contribute to improvements in all measures of health and wellbeing over the long term.
- Mental wellbeing: helping national policy makers and local government understand levels of mental wellbeing and help them influence the factors that shape it, whilst collaborating with local services to improve access and outcomes.

6.6.4 The central theme of the 2020-23 Strategic Plan was collaboration. PHS is clear that it is only by working with partners across the system that the organisation will meet its strategic ambitions. A number of formal partnerships were developed with organisations equally focussed on improving outcomes in Scotland's communities, including Police Scotland, Food Standards Scotland, SportScotland, and the Improvement Service.

Transformation Plan

6.6.5 Complementing the Strategic Plan, the internally-focussed Transformation Plan[115] was shared with staff in January 2021. This set out the key elements and stages of

[114] Public Health Scotland. A Scotland where everybody thrives: Public Health Scotland's three year strategy to improve and protect the health and wellbeing of people in Scotland. September 2020

[115] Available on request from PHS.

the transformation journey and provided focus, clarity and momentum for the organisation's change over the next three years.

Delivery Plan 2021-24

6.6.6 In June 2021 PHS published its Delivery Plan[116] for the year ahead and beyond to 2024. The plan set out what the organisation would do in the four priority areas set out in the Strategic Plan, how it would be done in line with the organisation's values, and how impact would be measured.

End of Year report 2020-21

6.6.7 Published at the same time, the organisation's first End of Year report 2020-21[117] gave an overview of the organisation's achievements in its first year of operation, including contributing world-leading research for practical application, enabling education, and supporting safe voting.

Digital and Data Strategy

6.6.8 June 2021 also saw the publication of the PHS Digital and Data Strategy,[118] which sets out how PHS will create better public health outcomes for Scotland by working collaboratively across the public health network to collect a wide range of insight, which can then be applied to developing digital solutions across the areas where PHS can make the biggest difference to community health and wellbeing.

Annual Report and Accounts 2020-21

6.6.9 PHS published its first Annual Report and Accounts on 20th December 2021.[119] This includes:

- Performance report
- Corporate governance report
- Remuneration and staff report
- Parliamentary accountability report
- Independent auditor's report
- Statement of financial position

[116] Public Health Scotland. Delivery plan 2021-24. June 2021

[117] Public Health Scotland. End of Year Report. June 2021

[118] Public Health Scotland. Digital and Data Strategy. June 2021

[119] Public Health Scotland. Annual Report and Accounts 2020-21. December 2021

7. Public Health Scotland 2022 - 25

Key points

PHS published A Scotland where everybody thrives: three-year plan 2022–25 in November 2022. This sets out PHS's purpose as Scotland's national public health body and their mission to lead and support work across Scotland to prevent disease, prolong healthy life and promote health and wellbeing.

7.1 Organisational Structure

7.1.1 The organisational structure as at January 2023 is shown in Appendix A.

7.2 Strategic development and performance reporting

Strategic Plan 2022-25

7.2.1 PHS published its latest three-year strategic plan on 7th November 2022.[120] The plan builds on and strengthens the 2020 strategic plan, reaffirming the organisation's vision of a Scotland where everybody thrives. PHS is clear that this means a Scotland where life expectancy is improving again and health inequalities are narrowing.

7.2.2 The plan sets out PHS's purpose as Scotland's national public health body: to lead and support work across Scotland to prevent disease, prolong healthy life and promote health and wellbeing.

7.2.3 The plan says what PHS will do up to March 2025 to lead and support Scotland to be healthier and fairer. It describes:

- The organisation's role: PHS's contribution to leading Scotland to meet these challenges
- The impact: the difference PHS wants to see in Scotland by 2025
- What PHS will do to create this change in Scotland
- How PHS will work with others to achieve it

7.2.4 This plan builds on and extends the original 2020 Strategic Plan, more clearly aligning the organisation's work against national outcomes, elaborates on what PHS will do and sets out clearer milestones for progress and measures of impact.

7.2.5 The plan identifies the organisation's top priorities; the vital initiatives that are PHS's highest priority pieces of work, behind which the whole organisation will align. The vital initiatives are linked to the 11 national outcome indicators that have been identified as being key to improving life expectancy and reducing health inequalities. The Strategy Map can be found in Appendix B.

[120] Public Health Scotland. A Scotland where everybody thrives: Public Health Scotland's three-year plan: 2022–25. November 2022.

Annual Report and Accounts 2021-22

7.2.6 The Annual Report and Accounts for the year to 31st March 2022 was published on 9th December 2022.[121]

7.3 New Chief Executive

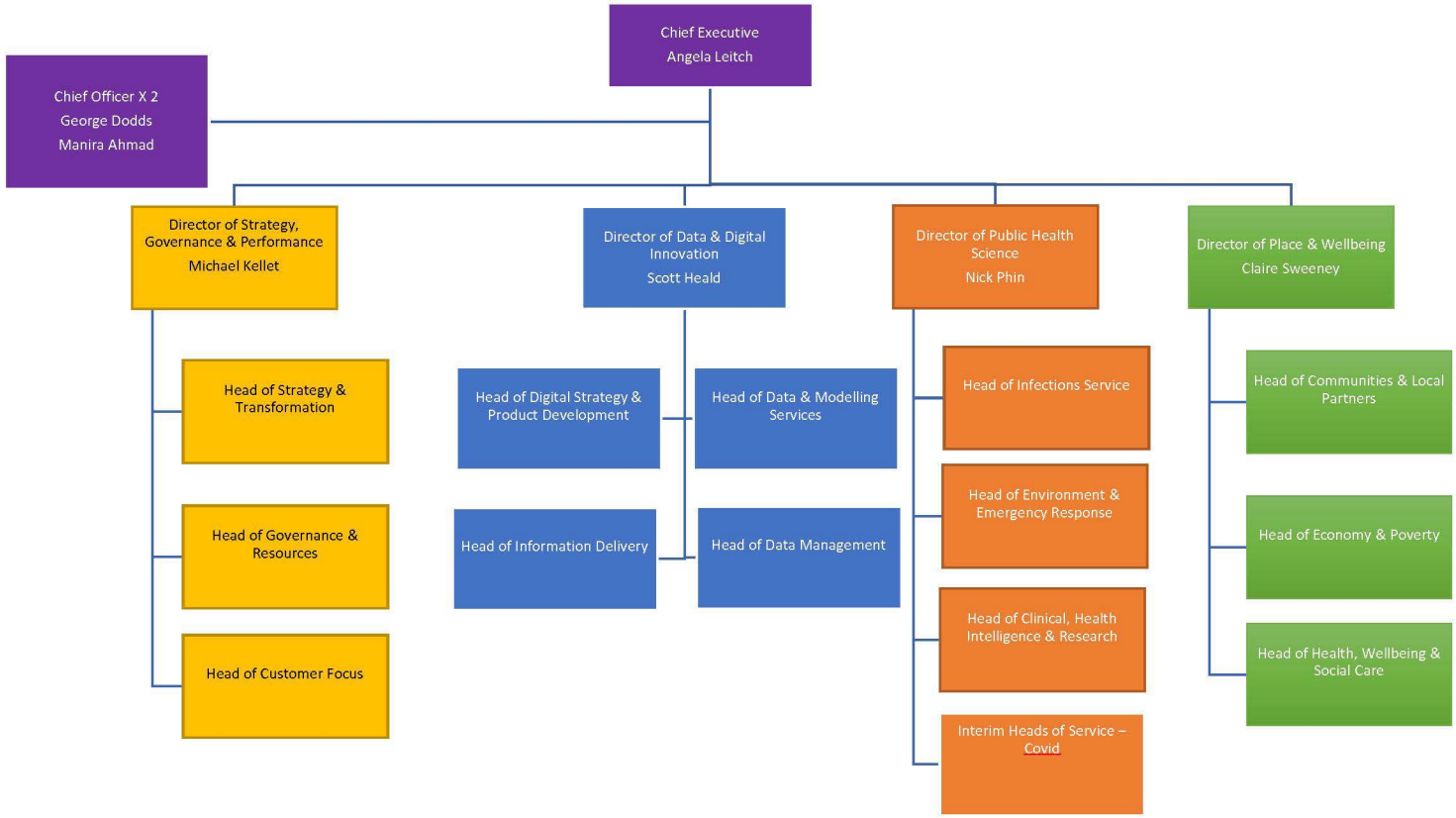
7.3.1 PHS Chief Executive, Angela Leitch, announced her intention to retire from PHS on 8th September 2022.[122] The announcement of the organisation's new Chief Executive, Paul Johnston, was made on 14th December 2022.[123] Paul Johnson will join PHS in March 2023.

[121] Public Health Scotland. Annual Report and Accounts 2021-22. December 2022

[122] Public Health Scotland. PHS Chief Executive, Angela Leitch, announces retirement. September 2022.

[123] Public Health Scotland. New Chief Executive Appointment. December 2022.

8. Appendix A: PHS organisational structure, as at January 2023



9. Appendix B: PHS Strategy Map 2022-25

Our vision | We want to see
A Scotland where everybody thrives

That means:

- Life expectancy in Scotland to improve
- The 10-year difference in life expectancy between the poorest and wealthiest neighbourhoods to reduce

Our mission | We lead and support work in Scotland to:

- **Prevent disease** through vaccination and preventing the spread of infectious diseases
- **Prolong healthy life** by improving access to and quality of treatment
- **Promote health and wellbeing** by strengthening the building blocks of health

Shared outcomes | To deliver this ambition, by March 2025, we will work with our partners to improve national outcomes on:

Prevent disease

- The number of people – especially in our most deprived communities – getting vaccine-preventable diseases like COVID-19 (3.1.1)
- The number of people losing health to infectious diseases – especially hepatitis C, HIV and TB (3.1.2)
- Scotland's readiness for future pandemics (3.1.3)

Prolong healthy life

- The number of people dying from drug, alcohol and tobacco use (3.2.1)
- The number of people dying from cancer (3.2.2)
- Satisfaction with the quality of public services (3.2.3)
- The proportion of people over 55 say their health is 'good' or 'very good' (3.2.3)

Promote health and wellbeing

- The number of children living in poverty (3.3.1)
- The proportion of people describing their neighbourhoods as a 'very good' place to live (3.3.2)
- Mental wellbeing (3.2.3)
- Income inequalities (3.2.4)

The promote health and wellbeing outcomes will lead to fewer people dying from conditions like heart disease, stroke and diabetes

Our objectives | To achieve this, we will:

- Be the go-to source of public health data and intelligence (4.1)
- Put reducing health inequalities at the heart of all we do (4.2)
- Equip our people with the systems and structure to deliver for Scotland (4.3)
- Increase our collaboration with local partners to improve the health of communities (4.4)
- Support Scotland's recovery from COVID-19 so no one is left behind (4.5)

Our programmes and projects | Our vital initiatives:

- Create a pandemic preparedness team
- Continue to deliver the vaccination programme
- Remobilise key health protection services
- Transform our infectious disease intelligence systems
- Mainstream our COVID-19 response
- Continue our data and digital transformation
- Underpin the creation of the national care service with data
- Support decision-making on health and social care with better demand modelling
- Deliver more national support for local action on health
- Deliver an impactful mental health offer
- Get evidence and data into action on child poverty
- Reducing cancer deaths
- Reducing drugs, alcohol and tobacco deaths
- Support public sector anchor institutions
- Improve health via the justice system
- Support creating a wellbeing economy
- Be an exemplar anchor institution
- Get the right systems, structures and processes
- Create an innovation hub to drive our transformation