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

Faculty of Sexual and Reproductive Health (FSRH) is the largest UK professional membership organisation working at the heart of sexual and reproductive health, supporting healthcare professionals to deliver high quality care - with nearly 1200 members working in Scotland. FSRH's Scotland Committee welcomes the chance to comment on the consultation, and see this proposal as an opportunity to consolidate currently separate public health structures into one, and in doing so to increase their overall impact on public health.

As NHS Health Scotland's website says 'As a public health issue, sexual health encompasses reducing the risk of unintended pregnancy, the prevention of sexually transmitted infections (STIs), minimising risk-taking behaviours and their health consequences and promoting positive sexual relationships and sexual wellbeing'. FSRH's Scotland Committee expects that all of these critical public health issues are contained within the work of the new agency.

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

FSRH's Scotland Committee recognises that the creation of Public Health Scotland may provide opportunities for improved partnership working, including with the third sector and members of the public, and shared responsibility with a range of organisations. We would recommend that PHS influences, supports and advocates for the NHS and key partners to continue to deliver accessible, appropriate and excellent SRH services across Scotland that are non-judgemental and non-conditional in how care is provided.

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

No specific comments.
3a. What are your views on the arrangements for local strategic planning and delivery of services for the public’s health?

FSRH’s Scotland Committee agrees that PHS has a contribution to make in community planning and in supporting service delivery, using evidence and data to determine how best to allocate public resources. We recommend that PHS uses its position to ensure that Community Planning structures and Integrated Joint Boards are fully appraised of the centrality and role of positive SRH in population health and wellbeing. FSRH is currently working, alongside other stakeholders, in supporting the Scottish Government in its refresh of the Sexual Health and Blood Borne Virus Framework and we would hope that this will provide a firm underpinning for local planning once finalised.

We hope that PHS exerts influence and expertise in its engagement with local structures to ensure the continuation and development of local SRH services - recognising that reducing budgets to NHS SRH services has a detrimental impact on women’s health, especially women who experience social-economic and other inequalities. For example, although teenage pregnancy rates have decreased in Scotland, and across all levels of deprivation, young women living in areas of highest deprivation still have five times higher teenage pregnancy rates than those in the least deprived areas (58.9 compared to 11.8 per 1,000 women) (ISD figures).

FSRH members in Scotland are leading and working in services that provide a wide range of care including all forms of contraception, termination of pregnancy services, emergency contraception, support after sexual assault, STI treatment and testing, and gender identity clinics to the Scottish population and FSRH’s Scotland Committee feels that it is essential that these continue. Local health planning must continue to support the statement in the current Sexual Health and BBV Framework that 'NHS Boards should continue to ensure that sexual health services are provided in line with Healthcare Improvement Scotland sexual health standards. Sexual health services should be high quality and designed to meet the needs of patients, including young people and vulnerable groups'.

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

To ensure the delivery of the above, PHS should develop good working relationships with professional bodies like the FSRH Scotland Committee, and groups like the SRH Lead Clinicians, to maintain relevant knowledge and expertise.
4. What are your views on the role Public Health Scotland could have to better support communities to participate in decisions that affect their health and wellbeing?

FSRH believes that services should be designed and delivered to place patients at the heart of their care and welcomes PHS taking a leadership role in promoting public engagement. Some users of SRH services may find speaking out about their experiences challenging, and sensitive work needs to be done to support involvement through patient forums and informal feedback and evaluation exercises undertaken within SRH services across Scotland.

FSRH believes that services should be evaluated according to the quality of care and outcomes delivered, including the expectations and experience of the users and potential users of a service, so wider public engagement is important in service design and ongoing delivery.

FSRH's Scotland Committee would suggest that PHS also works closely with third sector organisations, researchers and academics with specialist interest in SRH (for example the IRESH network) as well as SRH clinicians and GPs with a specialist interest in SRH. Such groups and individuals should be viewed as key informants and bridges in relation not only to SRH but to a range of public health concerns including alcohol and addictions, homelessness, obesity, violence and abuse etc that affect and impact upon those that access SRH services.

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

☐ Yes

5b. Do you agree that Public Health Scotland should become a public service authority under Part 3 of the Community Empowerment (Scotland) Act 2015, who can receive participation requests from community participation bodies?

☐ Yes

5c. Do you have any further comments?

No specific comments.

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

FSRH's Scotland Committee values the role of current and longitudinal data in planning and delivering SRH services and supports statements that information management and governance will be maintained and enhanced under the new public health arrangements.
### 6b. How might the data and intelligence function be strengthened?

FSRH's Scotland Committee would hope that PHS will strengthen the data and intelligence function by widening public access to information and encouraging wider awareness of public health data including on SRH-related issues.

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

No specific comments.

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

No specific comments.

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

FSRH believes that good sexual and reproductive health (SRH) enables women and men to pursue their ambitions in education, work and with their families. FSRH's Scotland Committee wish Public Health Scotland to ensure that positive SRH across the life course is fully understood as a key health public focus because of the changing context in which people live, demand on services, progresses in treatment, increasing understanding of the impact of inequalities on poor SRH outcomes and the need to take a whole system approach to population and public health. Integrating currently separate agencies into one organisation provides a solid basis for realising this vision.

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

FRSH's Scotland Committee is keen to ensure that the functions currently undertaken by HPS that have significant importance in understanding prevalence, trends and for promoting positive SRH are fully transferred over to PHS.

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

Data currently collected on chlamydia, gonorrhoea including antimicrobial resistance, infectious syphilis, genital herpes, hepatitis B and HIV etc is extremely useful for FSRH members in Scotland, and we would hope that this function is enhanced in PHS.
10. Would new senior executive leadership roles be appropriate for the structure of Public Health Scotland?

- Don't know

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

No specific comments.

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

- No specific comment.

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

FSRH's Scotland Committee would recommend the need to include Board members with health interests that are both broad and inclusive. We would suggest that clinicians who are experienced in multi-agency working and in partnership approaches to healthcare have much to offer.

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

No specific comments.

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

No specific comments.
15. What are your views on the arrangements for data science and innovation?

FSRH's Scotland Committee, and FSRH colleagues across the UK, are interested in integrating data solutions into healthcare where appropriate and welcome PHS's involvement in supporting and developing work that has potentially major implications in prevention and health outcome, as well as in efficient allocation of resources.

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

No specific comments.

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

No specific comments.

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

No specific comments.

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

No specific comments.