

Scottish Sports Association

# Consultation on the new National Public Health Body 'Public Health Scotland'

A submission on behalf of the Governing Bodies of sport in Scotland



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### **Submission from the Scottish Sports Association**

The Scottish Sports Association (SSA) thanks the Scottish Government and COSLA for the opportunity to respond to this consultation. Should any queries result from our response, or if further engagement with the SSA or our members would be beneficial as this process develops, please do not hesitate to contact us.

The SSA is the independent and collective voice for Scottish Governing Bodies of sport. We represent their interests and currently have ~50 full members and 18 associate members. The governing bodies of sport are responsible for the governance, development and delivery of their individual sports and provide a formal structure for over 900,000 individuals in Scotland who are members of one of Scotland’s 13,000 sports clubs. Most of these organisations are run on a not-for-profit basis and are managed by volunteers. They provide coaching, competition and participation development opportunities for their local communities and most of the 195,000 people who volunteer in sport do so within the club structure.

The SSA has compiled this response following consultation, as usual, with our member Scottish Governing Bodies (SGBs).

Our members share the vision outlined within the consultation for a genuine “culture for health” and embrace and our shared responsibility for making sure that people enjoy the best overall quality of life.

The collaborative approach proposed throughout the consultation, the requirement for cross department and cross agency working, the need for greater community involvement and the potentially significant benefits of collaboration between all sectors are warmly welcomed by our members.

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

The former Chief Medical Officer (CMO), Sir Harry Burns, stated that the key indicator of life expectancy in Scotland is how physically active a person is. Sport and physical activity need to be part of the “whole system approach” to public health. With this in mind, our members are disappointed that there is very limited reference to sport and physical activity throughout the consultation, despite physical activity being identified as a Public Health Priority for Scotland.

The benefits of sport and physical activity in preventing/reducing poor health, and in supporting good health, ensure sport and physical activity must be key determinants of overall health and wellbeing, and in supporting the self-management of health by empowering individuals in making positive health choices.

For those with a disability, the power of physical activity and sport to enhance and prolong life is even more tangible. 19% of the Scottish population have a disability yet only 20% of people with disabilities take the recommended level of physical activity compared to 52% of non-disabled people. The impact on health and wellbeing is well documented. Research undertaken by Scottish Disability Sport found that 82% felt healthier, 71% felt more confident and 67% got more out of life through regular participation.

A vision for a genuine “culture for health” through empowering citizens to take responsibility for their own health and care will require citizens to know the CMO guidelines on why sport and physical activity are good for health – currently only 4% of the population know these guidelines. Our members believe this presents a key leadership role and opportunity for Public Health Scotland.

The focus within the consultation of “prioritising the application of public health intelligence and evidence into policy and practice” resonates with our members and presents considerable opportunities for partners across public health and sport and physical activity to work more collaboratively for the benefit of the population.

Our members welcome this proposed focus on data and intelligence and would request that this translates into a focus for Public Health Scotland on the Global Advocacy for Physical Activity ‘7 Best Investments for Physical Activity’ and the World Health Organisation’s ‘Global Action Plan on Physical Activity; More Active People for a Healthier World’. These documents identify examples of strategic ‘upstream’ actions which can have a fundamental impact on population health. They also outline the breadth of partnership working which is needed to achieve a true “culture for health”, involving partners from health, education, transport, planning, design and social care, to name but a few. Therefore, our members would propose that the leadership role envisaged for Public Health Scotland includes a strong advocacy role in making the case for public health to be embedded in a wide range of policy areas and that the body can influence organisations and policy areas that may not previously have felt they have a strong role to play in contributing to public health.

Sport and physical activity need to be part of the identified cross-sector approach, as one contributor to this vision for a “culture for health” and “A Scotland where everybody thrives”. At the moment, sport and physical activity are not referred to in the new model landscape and sectors aspects of the consultation.

**Question 2: (a) What are your views on the general governance and accountability arrangements?**

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

Our members state that sport and physical activity need to be a key part of the public health system functions and services that support population health, with other partners from throughout the system who can also play their part in enabling engagement in sport and physical activity.

Our members would welcome the opportunity to give input to Public Health Scotland's strategic objectives and help the sector to co-design these.

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

**(b) How can Public Health Scotland supplement or enhance these arrangements?**

Our members fully support the identification of the third sector as a vital partner. Further, our members welcome the opportunity for local sports clubs (third sector organisations themselves) to help to play their part and to be more involved in local consultations to enable greater participation from local communities.

In support of investment in sport and in the wider voluntary sector, our members would strongly request that funding policies are reviewed to optimise efficiency and effectiveness; specifically, funding for such organisations needs to include core funding and to be long term in nature.

**Question 4: What are your views on the role Public Health Scotland could have to better support communities to participate in decisions that affect their health and wellbeing?**

There is ongoing concern amongst our members that sport and physical activity is not well connected to Community Planning Partnerships (CPPs) or Locality Improvement Plans (LIPs) – considerable mutual benefits could be realised through enhanced collaborative working in these areas.

90% of investment in sport in Scotland is via Local Authorities and there are ongoing, significant concerns from our membership related to the considerable impact on participation in sport and physical activity of funding cuts throughout Local Authorities (including to sport and leisure trusts).

There is an opportunity for sport, as the largest community of interest, to provide a further voice for local communities. This could help to deliver improved local connections between sport/physical activity and CPPs, LIPs, Integration Joint Boards (IJBs) and Local Outcome Improvement Plans (LOIPs).

Our members propose that there is a key opportunity to consider sport and physical activity as a 'partner' to Public Health Scotland, including (as proposed in the consultation) through:

- Being invited to comment on a draft of Public Health Scotland's strategic plan
- Making proposals on how to improve performance both locally and across the sector
- Proposing services which should or could be organised nationally via Public Health Scotland or on a pan-Scotland basis
- Proposing ideas for innovation, research, joint learning and workforce development at a national or pan-Scotland basis.

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

**(b) What additional outcomes and performance indicators might be needed?**

Our members would propose it would be preferable to link Public Health Scotland's outcomes to those of the Scottish Government's National Outcomes, the Active Scotland Outcomes Framework and the Public Health Priorities, rather than creating new outcomes or measures.

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

Our members are supportive of the ongoing need for NHS Health Scotland to focus on promoting the benefits of sport and physical activity, and, indeed, our members would support an increase in resource and focus for this important and unique function within NHS Health Scotland.

There is an opportunity to deliver a public health campaign on the CMO guidelines and the benefits of sport and physical activity to encourage and empower more people to reap the benefits of being active.

Our members would like Public Health Scotland to provide national leadership in relation to all six of Scotland's Public Health Priorities.

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

Our members request a reflection of sport and physical activity as a priority within both committees and leadership roles in Public Health Scotland.

The Public Health Scotland executive team should also either reflect, or regularly and proactively seek input from, the sport and physical activity sector and ensure the needs of those with protected characteristics are being addressed.

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

Our members suggest that there is an opportunity to encourage co-location usage at collaborative spaces, potentially including sports facilities.

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

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

Our members advise that expertise on and experience of sport, physical activity and inclusion & diversity be sought on the Public Health Scotland board, to reflect the current Public Health Priorities, as well as the domains of public health.