[](http://www.ashscotland.org.uk/what-we-do/campaign/scottish-coalition-on-tobacco-scot/)Robert Packwood

The Scottish Government

Health Protection Division

Area 3E

St Andrew’s House

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**SCOT members:**

[ASH Scotland](http://www.ashscotland.org.uk)

[Asthma UK Scotland](http://www.asthma.org.uk/scotland)

[British Heart Foundation Scotland](http://www.bhf.org.uk/get-involved/in-your-area/scotland.aspx)

[British Lung Foundation Scotland](http://www.blf.org.uk/Region/Scotland)

[British Medical Association](http://bma.org.uk/)

[Cancer Research UK](http://www.cancerresearchuk.org/)

[Chest Heart & Stroke Scotland](http://www.chss.org.uk/)

[The UK's Faculty of Public Health](http://www.fph.org.uk/)

[Macmillan Cancer Support](http://www.macmillan.org.uk/Home.aspx)

[The Roy Castle Lung Cancer Foundation](http://www.roycastle.org/)

[Royal College of General Practitioners](http://www.rcgp.org.uk/rcgp-nations/rcgp-scotland.aspx)

[Royal College of Nursing](https://www.rcn.org.uk/scotland)

[Royal College of Obstetricians and Gynaecologists](https://www.rcog.org.uk/en/about-us/governance/committees/scottish-committee/)

[Royal College of Paediatrics and Child Health](http://www.rcpch.ac.uk/what-we-do/the-college/rcpch-scotland)

[Royal College of Physicians and Surgeons of Glasgow](https://rcpsg.ac.uk/)

[Royal College of Physicians of Edinburgh](http://www.rcpe.ac.uk/)

[Royal College of Psychiatrists](http://www.rcpsych.ac.uk/)

[Royal College of Surgeons of Edinburgh](https://www.rcsed.ac.uk/)

[Royal Environmental Health Institute of Scotland](http://www.rehis.com/)

[Royal Pharmaceutical Society in Scotland](https://www.rpharms.com/about-us/how-we-are-run/scottish-pharmacy-board)

Scottish Thoracic Society

[The Stroke Association (Scotland office)](http://www.stroke.org.uk/about-us/stroke-scotland)

EH1 3DG

08 July 2019

Dear Robert Packwood

I am writing to you as Chair of SCOT to give our collective response to “A consultation on the new National Public Health Body ‘Public Health Scotland’.”

The Scottish Coalition on Tobacco (SCOT) is a dynamic coalition of health charities, Royal Colleges, civic and regulatory stakeholders campaigning and joining forces with a focus on tobacco to shape a positive future for public health in Scotland.  With co-ordination provided by ASH Scotland, the organisations involved in SCOT share information and best practice, create approaches and identify solutions for a tobacco-free Scotland, campaign on specific tobacco or smoking-related issues, respond to relevant consultations, and provide feedback to policy makers, elected representatives, the Scottish Government and the media. Our members are listed on the right and currently number 22.

Our feedback is a broad-brush response representing a wide range of stakeholders, a number of whom will be responding independently.

The SCOT coalition notes:

**A welcome step**. We believe the formation of the new body is to be welcomed. Public Health Scotland offers a great opportunity to approach Scotland’s health in a holistic, joined-up manner. We are keen to see how the body develops and hope that the spirit of collaboration and consultation demonstrated through the public health reform process will continue.

**Determinants of health**. The focus of the SCOT coalition is on tobacco, however members are also concerned with working to address the wider determinants of health beyond the traditional scope of public health (such as income, the built environment etc). We would like to see PHS incorporate a broad public health promoting approach and consider how best to promote a health in all policies approach.

**Tobacco as a priority.** It is imperative that tobacco continues to be seen as a priority area for intervention with regard to reducing harm and inequalities and in health prevention. We cannot be complacent about its impacts and believe it is interlinked with the importance of supporting sustainable economic developments such as healthy environments, good mental health, and adequate income. Our work is set within the need for a holistic approach.

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**Integrated working**. The consultation talks of bringing together a number of stakeholders, including the third sector and health bodies. However, it appears to frame this in terms of local support and service delivery. We believe it is vital that PHS integrates with *national* agencies in the health and equalities fields. There is an important role to be played by the Royal Colleges, national charities and by SCOT itself in contributing expert views and in helping to deliver PHS’s messages to key audiences.

We would like to discuss how we can:

* Contribute to the national strategic planning and direction of the body, including long-term planning
* Benefit from centrally-collected data and intelligence, and help amplify and maximise its impacts in practice for health harm prevention and health promotion
* Help identify relevant local, national and international evidence and examples of good practice
* Raise pertinent questions, considerations and issues and feed back our views on risks or concerns
* Assist with identifying, developing, implementing and evaluating strategies, initiatives and projects
* Contribute to shaping and supporting the communications and co-ordination of messages, and disseminating best practice

**Whole-system working**. To make the whole system work, there is a need for partnership working that either recognises and resources adequate capacity, or effectively streamlines and minimises demands, to allow for timely and meaningful participation and contribution.

We support community-level participation in, and input to, public health. To make this work, we believe PHS needs to demonstrate its leadership by:

* Providing good and accurate background information and inputs to inform and support community participation regarding the public health priorities – for example, smoking and tobacco use are rarely perceived as priorities at community level despite the huge and disproportionate health impacts caused by their use.
* Brokering links between the expertise of national and local organisations and local planning mechanisms.
* Extending the joined-up approach to work across topics as well as across structures.
* Adequately resourcing PHS to allow it to effectively collaborate and partner with other bodies
* Embedding a culture which facilitates respect and partnership working.
* Giving consideration to the cycles and duration of funding of organisations which help PHS to carry out its remit. This is particularly critical for not-for-profit bodies who sometimes experience a lack of financial security that would enable longer-term activities and initiatives.
* Having early and clear mechanisms and commitments in place to avoid undue influence by health-harming commercial interests on public health policy – including influence through vested interests.
* SCOT requests that PHS consider and follow through on a clear, early and unequivocal commitment to implementing best practice in line with the only public health treaty in existence, the Framework Convention on Tobacco Control1, with particular regard to Article 5.32. Scotland is currently party to this treaty both as part of the UK and as an EU member.

**Impact assessment.** The consultation includes a BRIA (Business Regulatory Impact Assessment). This mechanism which was initially adopted at EU level was later shown to have been rooted in tobacco industry lobbying activity3. We’d like to see Scotland’s public health function lead the way in including a complementary assessment of potential public health impacts, particularly in the light of new trade deals which may have public health consequences.

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We hope these points are helpful and we look forward to continued engagement in the development of Public Health Scotland.

Yours sincerely,



Sheila Duffy

Chair, SCOT coalition

c/o ASH Scotland  
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**Notes:**

1. Framework Convention on Tobacco Control (FCTC)

<https://www.who.int/fctc/text_download/en/>

2 FCTC Article 5.3

https://www.who.int/tobacco/industry/who\_mandate/en/index2.html

<https://www.who.int/fctc/guidelines/adopted/article_5_3/en/>

3 Role of tobacco industry in adoption of BRIAs

https://www.tobaccotactics.org/index.php?title=European\_Policy\_Centre