PUBLIC HEALTH REVIEW SOUNDING BOARD EDINBURGH, 23 MARCH 2016

KEY MESSAGES

Introduction

On 11th February 2016 the Scottish Government published its 2015 Review of Public Health.

The report is the outcome of the review carried out by the Public Health Review Group in 2015 and includes specific recognition of the third sector's role as a partner in public health.

VHS was represented on the Review Group by Grant Sugden, CEO of Waverley Care, and we had additional input through our presentation to the Group on the role of the third sector as a partner in public health and through a VHS Sounding Board event with the third sector and Scottish Government (February 2015).

The purpose of the review was to consider the role of the public health function in the context of the emerging policy landscape and current and future public health challenges, and to recommend how the function could be strengthened to respond more effectively to the opportunities and challenges.

The report defines public health as: the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.

VHS brought together members for a sounding board event to gather opinions from the sector on its role in the public health agenda, and to hear from the Scottish Government on the key findings of the Review.

The event was chaired by Stuart Cable – Programme Director, NHS Education for Scotland – with input from Review Group member, Grant Sugden, and Gareth Brown of the Scottish Government, who presented the Review's findings.

GARETH BROWN - ACTING HEAD OF HEALTH PROTECTION DIVISION, SCOTTISH GOVERNMENT

Key messages
1. Healthcare is not the main determinant of our health – social and economic conditions determine more.
2. Although the NHS does great work, it's struggling with the increased demands of an ageing population.
3. It is now abnormal to be a healthy weight in Scotland.

4. Prevention is key – avoidable disease is a strain on already limited resources that could be eased.
5. Although we've seen improvements in some of the 'big killers' in Scotland – cancer, CHD, respiratory disease and stroke - and overall life expectancy and years in good health have increased, Scotland continues to experience excessive mortality.
6. Life expectancy is increasing, but not improving equally. The differences are particularly marked by deprivation and Scotland continues to lag behind other countries in Europe.

Most Pressing Challenges

7. Focusing upstream on prevention to reduce high levels of preventable mortality and multi-morbidity.
8. Increasing the number of years in good health of the poorest people.
9. Addressing recent trends in over-consumption, inactivity and obesity.
10. Giving attention to mental health and wellbeing, which can affect life chances and often co-exist with physical health problems.
11. Addressing harmful alcohol consumption and continuing efforts on tobacco control.
12. Ensuring a collective, cross-government and cross-sector effort focussed on prevention.

Key Findings/Recommendations of the Review

13. **Structures**: There's a perception that the public health landscape is cluttered - there's a need to review and rationalise organisational arrangements to ensure greater efficiencies and get maximum return on public health investment.
14. **Leadership and Visibility**: There's a lack of a single, clear, over-arching strategy for public health – develop a national strategy which outlines clear priorities. Enhance the role of Directors of Public Health.
15. **Partnerships**: Responsibility for public health needs to be shared widely across organisations, communities and individuals – there's a need for more coherent action and a stronger public health voice in Scotland, especially in addressing the social determinants of population health.
16. **Workforce**: The workforce (not just NHS) is dispersed – there's a need to build a robust, resilient and competent workforce for future delivery of public health. There needs to be planned development of the workforce and a structured approach to utilising the wider workforce. Ensure there are quality training, development and progression opportunities.

Next Steps

17. Implementation will require an overarching implementation plan.
18. Delivery of a future public health strategy will require the contribution and collaboration of many partners and must recognise the cross-sectoral nature of responsibility for public health.
19. No significant decisions/announcements can be made until after the Scottish Parliamentary elections on 5th May 2016.

GRANT SUGDEN - CEO, WAVERLEY CARE & THIRD SECTOR REPRESENTATIVE ON THE PUBLIC HEALTH REVIEW GROUP

Key messages

- **Engagement**
  1. Although very NHS-dominated, the Public Health Review Group was very receptive to third sector input.
  2. The third sector must continue to be involved in development of the future public health strategy.
  3. It can be difficult in the third sector to know where to connect and influence when public health structures are complicated.
  4. The third sector can raise issues that the public sector can't.
  5. The third sector's close proximity to communities provides beneficial input.

- **Partnership**
  6. The third sector has special expertise in engaging some of the most vulnerable.
  7. The third sector can drive the prevention agenda's move to a less medicalised model.
  8. Third sector relationships with the private sector tend to be about funding, but what more could be done, beyond funding?
  9. In public health partnerships the third sector continues to be seen as the inferior partner.
  10. Austerity poses a challenge – there are less funds to work with.
  11. Third and public sector organisations often work in silos, which isn't an efficient way to work.

- **Third Sector's Unique Contribution**
  12. There needs to be a more systematic impact analysis of work done by the third sector.

- **Workforce**
  13. The third sector can work with the public sector in a shared agenda.
  14. There are opportunities to train people together.

DISCUSSION

Issues people identified
  1. Malnutrition and social isolation are not specifically mentioned in the Review.
  2. There is already a body of evidence of third sector impact, as well as new structures – such as Integration Authorities (IAs) – which try to better integrate the third sector, yet still there's been no significant shift in the sector being recognised as a true equal partner.
  3. Should end of life/palliative care be part of public health?
  4. Could a themed approach to public health work better? E.g. 'this year we're targeting diabetes.' Is public health trying to do too much?
  5. The health workforce is still an illness workforce to a large extent.
  6. Is the knowledge out there about how diverse the third sector is? It's often referred to as one homogenous group when in fact its work is wide and varied.
  7. People with lived experience could help inform public health professionals.

8. It would've made sense for partners other than the third sector to be present at this sounding board. What about local authority representatives?

GROUP DISCUSSION – WHAT CAN THE THIRD SECTOR DO COLLECTIVELY TO CONTRIBUTE TO PUBLIC HEALTH?

Summary of Group Feedback
1. Creating a compendium of third sector services/work would be beneficial in better mapping out the range of work being done by the sector. The public sector could use this as a guide to keep up-to-date on what's happening in the third sector and to better sign-post people to community-based, third sector services (does MILO already do this?).
2. Create 'pop-up' cafes in communities to act as support for campaigning and influencing, as well as to help raise community awareness of third sector services/work.
3. Point the finger back at the public sector – let's have partners and equals, not just 'third among equals'.
4. The third sector could use the vehicle of VHS to help it become a more visible and valued partner. It needs to challenge stereotypes and help promote a positive image. VHS could support the sector to set out what the third sector does, will do and could do, to impact positively on the public's health.
5. Have trust in third sector representatives when not everyone can be present – ensure representatives e.g. Third Sector Interface (TSI) reps on IAs, are fully informed on views from across the sector and feedback relevant information.
6. Collectively work for the shared values that we all have. Be less divisive and reduce the 'us and them' language.

WHAT CAN INDIVIDUAL ORGANISATIONS DO TO CONTRIBUTE TO PUBLIC HEALTH?

Summary of Feedback
1. Attitudes are more of a problem than systems – work hard to change attitudes and culture.
2. Encourage TSIs to gather more mapping information so that others – including the public sector – have access to a detailed directory when they need it.
3. VHS can promote the work of members to fellow members.
4. Support populating any third sector mapping project.
5. Ensure the benefits of prevention are well communicated to service users.
6. Ask TSIs to ensure they consistently provide feedback after having attended events/groups as third sector representatives.
7. Act collectively regardless of employer.
8. Seek out new partnerships and strengthen current partnerships within third sector and private sector.
9. Commit to work in partnership and work on consistent messaging with partner organisations – share knowledge/contacts with others.
10. Promote personal control and choice so that individuals can participate as equal citizens.

11. Continue to feed into any consultation or engagement processes and provide organisational perspective.
12. Ensure our organisational workforce has the skills and confidence needed to implement public health.
13. Make stronger links between our work, lifestyle and inequality.
14. Think about grouping where prevention activity can best be targeted e.g. at home, work, school. Pull all organisations/sectors together under these themes.

What can you do next?

- Read the full 2015 Review of Public Health
- Read the VHS Briefing Paper
- View the Sounding Board Twitter Storify
- View the VHS website for more information on this policy area
- View Presentation Slides from the sounding board event

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