

# Voluntary Health Scotland Symposium

## Drawing It All Together

### 28 November 2013



#### Introduction

Voluntary Health Scotland is the national intermediary for a national network of voluntary organisations working to improve health, tackle health inequalities or provide health care. We seek to maximise the impact of the voluntary sector on Scotland's health and wellbeing. We collaborate and work with a wide range of national and local voluntary organisations, central and local government, health boards and others to realise this aim.

#### Symposium

Voluntary Health Scotland held its 9th Annual General Meeting on Thursday 28 November 2013. This was accompanied by a Symposium, ably chaired by Nigel Henderson, Chief Executive of Penumbra, to explore and discuss four big inter-connected themes:

- Public services & austerity
- Integrating health and social care for better services for adults
- Improving health and third sector engagement and partnerships
- Tackling health inequalities for a fairer, healthier Scotland

The day proved interesting and informative and sparked lively discussion between attendees.

#### Presentations

##### [Jennifer Wallace – Weathering the Storm](#)

Jennifer presented the Carnegie UK Trust's *Weathering the Storm?* Report, which examines six countries' experience of public services in times of austerity.

##### [Claire Stevens – Improving Engagement](#)

Claire presented the Engagement Matrix, which provides a template and guidance for health boards and third sector organisations to open dialogue between agencies, and build stronger understanding and working relationships.

##### [Andrew Moore & Marie Oliver – Partnership Working](#)

Andrew and Marie presented examples of partnership working in Ayrshire and how third sector organisations and the NHS board are working 'better together'.

##### [Sandra Cairney & Wendy Jack – NHS & 3rd Sector Engagement](#)

Sandra and Wendy then presented NHS Greater Glasgow and Clyde's approach to the Engagement Matrix.

#### The Panel

An afternoon panel discussion comprised the following contributors:

- Christine Duncan, NHS Health Scotland
- Gerry Power, Joint Improvement Team
- Frances Simpson, Support in Mind Scotland
- Claire Stevens, Voluntary Health Scotland

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#### Main themes

A number of themes emerged from the presentations and subsequent discussion.

**Shift from rhetoric to reality.** Jennifer Wallace highlighted that in terms of rhetoric, the Scottish model for public service reform has a number of aspects of good practice, including:

- a whole systems 'rethinking' approach – rather than 'retrenching'
- a world leading outcomes-based approach
- a horizontally joined-up government
- an asset based approach to communities, and
- a commitment to prevention.

However, this has not necessarily been translated into practice. This could be due to a number of different reasons that are encompassed by the term 'implementation deficit disorder' – this can include examples such as lack of joined-up policy making, power differentials, communication between local and central government, funding, equal partnership.

**Partnership working.** Partnership working was discussed throughout the day, looking firstly at the need for partnership, co-production and collaborative working during public service reform and health and social care integration. Examples of this in practice were seen throughout the day, especially in relation to Ayrshire and Glasgow.

There was particular emphasis on making sure that the third sector is an equal partner in Community Planning.

**Culture Change.** There was significant discussion around the culture change that is needed to address Scotland's implementation deficit disorder. Arguments centred on movement towards:

- A holistic social model of care incorporating preventative and anticipatory care, rather than a medical model of care.
- Choice rather than referrals.
- Outcomes instead of targets.
- An asset-based approach with communities and away from the old 'traditional' high level work.

**Policy & Practice.** The afternoon panel discussion revisited the above shifts and highlighted the need for both high level policy work at Scottish Government and practice, asset-based work on 'the ground'. The discussion centred on the need for both to influence change and highlighted the need for implementation of evidence into action.

**Evidence.** There was also significant discussion around the need for credible evidence, presented in a language that is relevant and accessible for policy makers. This raised a number of central questions:

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- What evidence is good enough? Is common sense not good enough?
- How do we integrate evidence?
- How can evidence be translated into 'official-speak'?

The discussion also highlighted that third and statutory sectors need to be aligned so they can each see that they are aiming for the same outcomes.

**Regulation.** There was also discussion around what happens when integration goes wrong? Public bodies have a statutory responsibility, but what of integrated inspections and complaints systems and who regulates third sector providers?

#### Feedback

Following the Symposium, we asked attendees about what they found useful about the day, what they learned and what new steps they would take. Here are some of the responses:

#### What did you find most useful about the day?

*"[A] good variety of information from policy and structure down to small projects on the ground"*

*"To be made aware of the matrix and that we could use it with some of the health boards we deal with"*

*"Time out of [my] busy schedule to reflect on the bigger picture"*

#### What learning will you take away?

*"Understanding of the deeper policy issues and the wider sociological issues. It helped me to take my head out of my own organisation and see the bigger picture"*

*"Thinking about how to promote closer work with Gerry Power and the JIT - a very important link"*

*"A wider understanding of the efforts that are being made to integrate health services but also the gap that still exists between aspiration and the real effect on people's lives in areas of deprivation"*

*"We must get to grips with the engagement matrix"*

#### What future action will you take as a result?

*"To push for practical action to give meaning to what are very largely still words on a page"*

*"I will put together some policy key message[s] for our organisation based on the key themes of health inequalities, integration and third sector engagement"*

*"Read the Engagement Matrix pack and see if it would be a good tool to use with Stirling Council"*

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#### Contact

If you would like more information about Voluntary Health Scotland and its work, contact Susan Lowes, Policy and Engagement Officer [susan.lowes@vhscotland.org.uk](mailto:susan.lowes@vhscotland.org.uk)

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