20 key messages from third sector participants at the VHS/ScotPHN collaborative round table 2nd May 2017

1. UKG policies viewed as exacerbating smoking, alcohol misuse and obesity.
2. More needs done to understand the CPP role in public health, especially in less privileged communities and in relation to community empowerment.
3. Opportunities for CPPs to co-produce public health with communities should be identified and developed.
4. The creation of Public Health Scotland mustn't suck away or disrupt the energy, creativity, capacity and potential of ScotPHN.
5. Third sector organisations not familiar with ScotPHN and ScotPHO find the two acronyms/initiatives confusing.
6. The complexity, number and 'machinery' of structures and levels – health boards, CPPs, IJBs, localities stretch the capacity of all third sector organisations to engage.
7. National charities are not generally big on the ground in terms of capacity so find meaningful engagement with public health structures at a local level challenging. Each health board has different requirements and arrangements for working with third sector, an added complication for nationals trying to engage with boards across Scotland.
8. IJB structures and practices mean small, local third sector organisations lack visibility and a voice and are under-recognised and undervalued as a result.
9. Could ScotPHN help the third sector navigate a meaningful route into/relationship with public health structures/bodies?
10. Co-morbidity is a big issue – third sector approach can help because tends to be joined up/person centred/holistic, builds networks and community capacity.

11. Social isolation and loneliness identified as an over-arching, linking issue for all organisations present and in relation to all three ScotPHN workstreams.
12. Need to join up the public health effort with other policy areas, e.g. accessible and affordable housing.
13. RNIB is doing useful work to define what prevention of sight loss looks like in public health terms, taking into consideration housing, the economy, work etc.
14. Opthalmology is preventative for diabetes but there is an eye health inequality issue – those most at risk don't go for tests/screening so resources are taken up by those with less need. Third sector would like to help here.
15. Think beyond sight loss charities in relation to eye health – e.g. voluntary organisations that support older people's mobility, independence and social connectedness.
16. How can we all pool our networks to help overcome the limits of individual third sector capacity and to get leverage and recognition at a local level with IJBs?
17. Local elected members appear to have little understanding about diabetes – scope to address this.
18. Gender reassignment: key third sector organisations have current and significant intelligence to share about the national picture, people's vulnerabilities, the relationship with health inequalities, language, other issues. There is considerable scope and appetite for active collaboration with ScotPHN.
19. Older people's falls: relationship with sight loss and/or chronic pain. Poor public transport and podiatry service gaps identified as issues.
20. Where does health improvement sit in relation to ScotPHN, IJBs and local authorities?

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