VHS – A public Health Round Table

2 May 2017 (2pm-4pm)

Attendees
Phil Mackie, ScotPHN
Ann Conacher, ScotPHN
James Morton, Scottish Trans Alliance
Karrie Gillett, Queens Nursing Institute Scotland
Gozie Joe Adigwe, RNIB
Laura Jones, RNIB
Elaine Docherty, Deafblind Scotland
Morna Simpkins, MS Society Scotland
Shelagh Palmer, Visibility
Gavin Thomson, Diabetes Scotland
Claire Stevens, Voluntary Health Scotland
Jen Gracie, Samaritans
Maruska Greenwood, LGBT Health & Wellbeing
John Bremner, Pain Concern
Elspeth Gracey, Community Health Exchange, CHEX
Alan McGinley, Arthritis Care
Jay Jackson, Stonewall
Clare Robertson, ROAR
Pam Duncan Glancy, NHS Health Scotland
Liz May, Action for Sick Children Scotland
Rob Murray, Changing Faces
Lauren Blair, VHS
Rachael Roberts, ScotPHN

Introduction

Claire Stevens provided a background to this event: how she sits on the ScotPHN Advisory Board and there has been discussion at its meetings on how to better engage across the wider public health workforce and in particular with the voluntary sector.

Phil Mackie provided an overview of the changing public health landscape. Voluntary sector voice was very evident during the Public Health Review (2015), however, what the current role of voluntary sector envisaged by Scottish Government now is unclear.

Ann Conacher provided information on how ScotPHN works and the types of work it undertakes.

Projects

Phil Mackie then provided an outline of the three projects it aims to undertake in 2017-18 and the focus of the meeting's discussion.

Opthamology:

- Board Chief Executives have requested ScotPHN undertake a health care needs assessment on opthamology services.
- In conjunction with RNIB, ScotPHN will undertake a complimentary piece of work to consider how beyond the health system, effect of local provision could improve preventative factors. (Screening not as effective as it could be because people do not go.)
- This work is timely as low vision strategy about to be released.

Chronic Pain:

- Issue still not taken seriously. McEwan report all but forgotten – little/nothing happened as a result.
- Therefore timely to revisit and consider how to develop mechanisms for NHS and read across to chronic disease management support

Gender:

- Clinical pathway based on international guidance currently used in Scotland. However, feeling is that service provision across Scotland is 'patchy' – that there is inequality within system.
- In addition, there appears to be an increase in the number of referrals to the service. This has led to a needs assessment by NHS GGC.
- James Morton pointed out some differences to ScotPHN's understanding of the service provided by NHS Lothian.
- ScotPHN work will seek to establish a more coherent pathway across Scotland.

Comments noted from the group discussion:

- Commonalities can be identified between the voluntary sector and the NHS. Build on shared agenda.
- Shared experience problems:
  - Voluntary sector experiences difficulty in engaging with IJBs also.
  - Move to generational change – not just short term outlook
- Some felt the voice of small charities not heard.
- Frustration was felt by some voluntary groups that research commissioned by the voluntary sector were not seen as a valued input, and that the voice of the voluntary sector was undervalued. Having a connection to ScotPHN was noted as a positive as it enables the voluntary services to have a connection to and support in future research.

The group broke into 3 to discuss project areas most relevant to them.

Chronic Pain

- Codification - The measurement of chronic pain via the pain recognition code is not routinely used by GPs. It was felt by the group that a general codification would benefit those currently suffering with chronic pain, as well as enabling health professionals to clearly identify pain levels experienced by patients.
- The recognition and assessment of chronic pain in young people especially children has not yet been widely researched. How this is managed is significant for good long term outcomes as children develop, reducing various negative issues some may experience in adulthood.
- Access to services that can teach patients about self-management of pain needs to be provided earlier in the treatment of patients. Research needs to be done to highlight the benefits of cognitive behaviour therapies, and the positive effect this can have on chronic pain sufferers. Subsidiary mental health issues can be reduced when management stages are introduced into a patient's experience sooner. To treat pain effectively, the physical, emotional and psychological aspects must be addressed.

Gender

- There is a large body of existing material on health and health care needs which has been collected by the voluntary sector from the Trans communities and which is under used. Before starting again on assessing needs, this material should be collated and made more available to inform public health and heath care initiatives.
- The needs of the Trans communities has significantly moved on in recent years, a fact not reflected or acknowledged in some thinking within the NHS and beyond. ScotPHN could be helpful in co-creating a clearer focus on the health needs of the community now and helping to articulate this across the wider public health system.
- The voluntary sector agencies that work on gender issues are keen to participate in / co-produce public health work. However the system that exists to do this is not straight-forward. Helping these agencies navigate the system in a sustainable way could be an important output from the round table.
- There was a general agreement to carry this conversation forward, especially in the context of the existing ScotPHN project.

Opthamology

- 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.
- 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.

- Think beyond sight loss charities in relation to eye health – e.g. voluntary organisations that support older people's mobility, independence and social connectedness.

Summing up

Overall, the participants were enthusiastic for developing *meaningful* co-production.

Themes that emerged included:

- the voluntary organisations have a different understanding of public health issues – they can provide unique perspectives and knowledge;
- the voluntary organisations need assistance to navigate the complexity, number and 'machinery' of structures and levels – this complexity stretches the capacity of both public health and the voluntary sector to engage;
- the changing public health landscape affects all sectors - it is important this does not disrupt the energy, creativity, capacity and potential for co-production; and
- like Public Health, the voluntary organisations lack local visibility and their contribution is undervalued – creating a common voice may improve leverage and shared recognition.

We have shared values – people are at the centre of what we do and we should advocate better for the health of the population. We should share experience and good practice more, and collaborate more to achieve better advocacy. We need to find way of doing things together to be better able to eg influence primary care, health and social care partnerships.