Get Real:
Real People
Real Communities
Real Health

Key Messages
Annual Conference 16 November 2017

The Event

The conference aimed to 'Get Real' about health in Scotland and explore progress in prevention, public health, and health and social care delivery. We asked:

- How real people and real communities are providing imaginative solutions to complex health issues, and are we paying attention?
- How public, third and community sectors are forging more opportunities to work together as leaders, collaborators and innovators?
- How we can realistically address the underlying socio-economic causes of health inequalities?
- How can we really get real about health in Scotland?

Our Delegates

140 Delegates from

Voluntary health organisations

Third sector intermediaries

NHS Boards, academia, and Scottish Government

Session 1

Conference Chair's Welcome
Andrew Fraser, Director of Public Health Science, NHS Health Scotland

It's an important time for public health in Scotland, with the reform of public health opening up new opportunities and a number of public health victories such as today's announcement on alcohol unit pricing.

Why do Scots (especially Glaswegians) die younger?
David Walsh, Public Health Programme Manager, Glasgow Centre for Population Health

Glasgow has the widest inequalities amongst other countries in Western Europe, even those with a similar history of de-industrialisation.

Poverty and deprivation are important in explaining the excess mortality rate in Glasgow but not sufficient.

A complex mix of the lagged effects of decades of poor living conditions; the breaking up of existing communities and placement of people in inappropriately built and maintained housing in Glasgow and relocation of skilled workers to other locations. Alongside economic investment away from Glasgow this has resulted in an abundance of diseases of despair, alcohol and drug abuse and suicide.

The great outdoors: why access to green space is a determinant for health throughout life?
Professor Jamie Pearce, Centre for Research on Environment Society and Health (CRESH), University of Edinburgh

Places, especially green spaces, can promote health and reduce health inequalities in different ways throughout different stages in people's lives.

Studies have shown that there is a correlation between access to green space at different key stages in your life and positive effects on mental health and wellbeing.

Lothian Birth Cohort (LBC) data show a correlation between access to green space and mental health in later life is more apparent, especially amongst the most socially disadvantaged. The data from the LBC also showed that people's access to green space during their childhood were more resilient to cognitive decline in older age.

2

Through the looking glass: what's value for money, what works, and what matters to people who use services?
Lorraine Gillies, Senior Manager, Audit Scotland

Audit Scotland is involved in finding out what happens to people when they use services. It is not an improvement organisation as such but the recommendations that they provide inherently go on to improve the 200 public services they audit.

They have a real interest in public services working in a more collaborative manner using approaches such as co-production and community engagement to find out what service users want and expect from their services.

Audit Scotland's vision for health in Scotland involves a shift towards more community based services.

Session 2

Public Health in a changing world: what should Scotland's priorities be?
Professor Marion Bain, Co-Director, Public Health Reform, Executive Delivery Group

In Scotland, we suffer from some of the poorest health in the western world and while our health has improved over time, it has not improved on an equal basis for all.

Health care is not the main determinant of our health, estimates of impact show that social and economic conditions have more of an impact, therefore to improve public health we need to have a more holistic approach.

We are in the process of reforming public health in Scotland in order to enable a joined up, whole system approach. We are creating a new national public health body and developing new public health priorities.

This session included an interactive workshop, designed by the Scottish Government, involving delegates identifying what Scotland's three public health priorities should be.

Delegates' feedback on what Scotland's public health priorities should be

1. Improve health and wellbeing of people of Scotland, by narrowing the gap, focusing on socio-economic issues, and shifting power or sharing power

2. Evidence is more than statistics, the lived experience is valuable, essential and needs support

3. The new public health body needs to have clear values base, authority to challenge and demonstrate true leadership

1. Childhood, early years and education

2. Tackling poverty (of all kinds)

3. Improving housing and the places people live in

1. Local empowerment, through asset based and human rights based approaches

2. Be prepared to challenge political and cultural norms and values

3. Put your money - and your effort - where your mouth is (e.g. prevention)

1. Healthy places and spaces

2. Housing for connected communities

3. Fair and equitable income

1. Income

2. Stress

3. Access

1. Alcohol

2. Mental Health

3. Inequalities

1. Prevention

2. Empowerment

3. Place/ environment

1. Investment in health professions, including third sector (training, capacity, incentive, money)

2. Collaboration – whole system approach

3. Change in culture: "health" not just NHS

1. Be person led and involve lived experience

2. How? Equitably; everyone's responsibility; valuing different form of evidence

3. What to do: workforce development; what makes a difference?

1. Empowering people to take control of own health/self-management

2. All organisations have shared responsibility [bottom-up approach]

3. Equal provision to health care; not dependent on postcode or socio-economic circumstances

1. Holistic health – mental, physical, emotional

2. Resourceful and resilient communities

3. Leadership, partnership – needs involvement of all levels and sectors

1. Equity of access to appropriate services

2. True local and national connectedness

3. Taking the widest definition of health to structure and fund reform

1. Tackling obesity

2. Effective partnership working

3. Substance misuse and mental health

Session 3

What does Realistic Medicine mean in practice for people and communities?

Panel discussion chaired by Stephen Naysmith, Social Affairs Correspondent, The Herald

Ruth Dorman, Chief Executive Officer, Deafblind Scotland

We need to stop thinking and acting condition specific and start working together to impact the greatest change.

All public bodies needs to make sure that all their services are accessible and that the Public Sector Duty works really well in trying to ensure this.

We need to have a national conversation on the many things that feed into Realistic Medicine across Scotland. To do this well we need to be paying attention to what's going on at our back doors.

Nicola Hanssen, General Manager, Roar – Connections for Life

True prevention and early intervention have hardly started.

Social connectedness and informal networks play an essential part in people's wellbeing. As one man said "I'd rather have hugs than all these drugs".

The health service is free at point of need, and will pay for a number of invasive surgeries or tests but if people want their heating fixed, support through a traumatic life transition or their toe nails cut – then this is very much *not* free!

> " *I'd rather have hugs than all these drugs* "

Calum Irving, Director, See Me

Prevention is still not upstream enough – local budget cuts are real and there is a lack of community capacity development.

There is a need for more hard edged policy: a transformation in the public benefits system, a mental health clinician's agenda needs to be developed and health and social care need to consider mental health as well.

Mental health stigma and discrimination can often be worse in our health and social care system and more needs to be done to tackle this.

Susan Lowes, Policy and Public Affairs Manager for Scotland, Marie Curie

Realistic Medicine can learn a lot from palliative care which has always embodied a values based approach, shared decision making and what matters to people.

Sometimes there is a difference in what people want, what families think they want and what the health and social care professionals think they want – this can compromise care.

Marie Curie are publishing a booklet with three key actions to help individuals, families and health and social care professionals. The actions involve prevention in the form of advanced care planning, reducing health inequalities for a range of vulnerable groups and good public health reform that includes tackling stigma around death, dying and bereavement.

Themes of Discussion with Delegates

Realistic Medicine

There is an issue of terminology around Realistic Medicine, more specifically the word 'medicine', it is far too clinical. Maybe we should redefine what medicine is?

Let's talk about 'Realistic Life'.

'Realistic Health' – this involves good communications, good support and good preventative activity.

Health is not just about being unwell but also about living well.

Everyone matters - people, families, carers, health and social care professionals, Scottish Government, public bodies & the public - when it comes to achieving realistic medicine.

Realistic medicine needs to include human rights.

> *Add life to years not years to life*

Health and health care systems

Respectful, holistic care is lacking. Parity between mental and physical health is imperative to realising the goals of Realistic Medicine.

Health literacy is very important

There is a disconnect between giving a diagnosis and what happens to the person after they receive the diagnosis. There is a lack of support, linking to services and general information on what to expect or what will happen.

There is a need for planning and conversations at all levels in health and social care and in the Scottish Government – so conversations can take place at all levels.

A lack of joined up government where there is a linear system and people are not talking to one another means that planning across all government policies and strategies cannot happen.

Prevention

Preventative activity needs to happen across the board in affluent as well as more deprived areas. Investing in falls prevention in affluent areas alongside more deprived areas means a reduction in ALL people going to hospital.

Importance of seeking help early and making sure the right services are in place when people do.

Going to doctors' appointments is not a social life – loneliness is bad for your health.

There is a need to do more to prevent loneliness and isolation and create more connected communities.

> " Going to doctors' appointments is not a social life "

Closing Remarks

Conference Chair – Andrew Fraser, Director of Public Health Science, NHS Health Scotland

"At the VHS Conference last year I set a challenge to the delegates in the room, stating that the collective wisdom in the room could help write the National Social Isolation Strategy. This year my challenge to you is to help us shape a world leading public health service and think about how we can make things better for people in terms of creating holistic health and care systems."

Conference postscript: Art in Healthcare Masterclass

Margaret O'Connor, Chief Executive, Art in Healthcare

This hands-on post conference session involved learning about how art can improve people's physical and mental health. Delegates got a hands on experience creating art of their own.

A big thank you to all delegates, sponsors and supporters:

Beyond the Conference

Sign up for our monthly e bulletin, where we'll keep you posted about developments around the national strategy

Join us to stay in touch. We welcome voluntary health sector champions from all sectors.

For more information and to share your ideas about Getting Real about Health
Contact Kiren Zubairi, Policy Engagement Officer: kiren.zubairi@vhscotland.org.uk