

The Future of Public Health – Bicycle or Frog?

Key Messages

20th February 2019

Overview of workshop

VHS presented this one hour workshop at The Gathering, on behalf of the Health Inequalities Learning Collaborative, supported by NHS Health Scotland. The aim was to explore what public health means to the third sector and engage the sector in discussion about public health reform and its ambition to address health inequalities. There were 84 registered delegates.

This report captures the key messages shared and discussed during the workshop.

Chaired by VHS's Chief Executive Claire Stevens, there was a keynote presentation from Eibhlin McHugh, Co- Director of Public Health Reform, Scottish Government. A panel discussion followed, with Eibhlin joined by Ella Simpson, Chief Executive, Edinburgh Voluntary Organisations Council; Elspeth Gracey, Development Manager, Community Health Exchange; and Hilda Campbell, Chief Executive at Cope Scotland.

Public health, health inequalities and systems

Scotland's health is improving, but not fast enough for everyone. We have the lowest life expectancy in Western Europe and of all UK countries. Our population is changing and health and care needs are more complex. Health care is not the main determinant of health: social and economic conditions are key. We need to refocus on prevention to support public services to better meet the needs of communities.

Public health is another way of talking about improving health and wellbeing in our communities, but the language and organisation of public health can often seem far removed from third sector endeavours to support people's health and wellbeing.

Public health is both a science (applied methodology) and an art (creative). Its role is to promote and protect health and well-being, prevent ill-health and prolong life. The endeavour of public health belongs to all of us.

A fish on a bicycle represents the current system, where there is a lot of effort applied to tackling health inequalities with very little impact. The fish and bicycle are incompatible as a system working together and that needs to change radically. VHS's metaphor of a frog and a bicycle develops this idea: the frog is alive and the bike is mechanical. A well-balanced system is not one where the mechanics (of a system) over-ride and disempower people.

Public health reform

The vision is to create “a Scotland where everybody thrives” and the ambition is for Scotland to be a world leader in improving people’s health. Reform will:

- establish a new national public health body – Public Health Scotland
- enable the whole system to work effectively together and support for local public health activity
- develop and establish shared public health priorities for Scotland

Public Health Scotland will focus strongly on improving healthy life expectancy and reducing health inequalities and on delivering improvements across Scotland at a local level on issues that matter to local communities. It will enable a whole system approach that involves local partnerships, listens to and gives communities a say in decision making, strengthens integrated planning around communities, and promotes collective leadership and a culture of learning. Lived experience, ideas and aspirations will be harnessed to generate local solutions.

Public health priorities

Six national priorities have been developed collaboratively to drive reform and enable whole systems working:

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

Public consultation

The newly published Scottish Government consultation on Public Health Scotland is an opportunity to contribute views on what a modern public health system should look like. One delegate commented, “There are too many consultations: what we need is to start conversations from the ground up – real community empowerment and investment in local areas so that people can invest in their own health.” Another asked, “Will consultation be fully accessible?” Ella Simpson asked whether it was possible for the consultation to be done in communities with a focus on conversations rather than formal surveys. EVOC is currently analysing data from 1,001 people who were asked about prevention – the learning from this experience is that people have a lot to contribute but you have to go to them. Eibhlin McHugh commented, “We know from statistics that people with disabilities and mental health issues are further disadvantaged. We are trying to be as inclusive as possible with the consultation but are happy to take a targeted approach and come to specific groups who are further disadvantaged”.

Partnership and collaboration

“We talk about partnerships and working together a lot but need to think about how we make this work in practice” (Ella Simpson). She emphasised that we should not be precious about our own organisations and must remember that we need to work together for people and that we are people ourselves. We cannot afford for reform to simply be yet more rhetoric. “Public health is about people and communities and how they develop themselves, there needs to be a focus on priorities for local people and how these will be achieved” (Elsbeth Gracey). The workshop was a very positive reminder that public health is everyone’s business and that we have to create conditions that empower people and enable them to make decisions for themselves. “We all need to be Public Health Champions, it is not us and them but we” (Hilda Campbell).

The delegate from Integrated Neurological Rejuvenation commented, “We provide holistic support for people suffering with chronic pain, offering a range of psychological, nutritional and technological interventions. Our focus is to take an integrated approach to get people back in to society. Our issue is funding: having recently applied to a government fund we found that because we do not have a twelve month trading history we could not get it – yet we fit the criteria”. The irony is that government wants to fund something new, but will not fund them because they are new.

Elsbeth Gracey responded to this, “Having had to write many funding applications, I find ‘innovation’ an annoying concept. In the third sector we have many tried and tested interventions – we don’t have to keep re-inventing the wheel. The focus on evidence is also difficult as sometimes you don’t need evidence for common sense interventions”. She suggested that one way to secure funding would be to partner with another organisation that has a track record in the same area of work. Eibhlin McHugh agreed that the way things are funded is detrimental to change, “Everyone is fighting for same pot of funding. What we need to encourage is for people to come to the table together and find solutions together”.

Community engagement and the demographics of health inequalities

Delegates wanted to know, “How will a shift in power and resource from national to local happen?” A related comment was, “There are a lot of people who are socio-economically deprived but do not live in areas of deprivation and they fall the gap of service provision”. Hilda Campbell responded to this by saying, “We have to stop being so localised with services as it perpetuates the postcode lottery, where some areas have a lot of services and others do not. It is important to recognise that people living in deprived communities do not want to be labelled”.

Scottish Community Development Centre (SCDC) has developed VOiCE, a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement. SCDC also offers consultancy and support with community engagement. There is poverty in rural areas not considered areas of multiple deprivation and they have very different needs so it is important to have a diverse response. Eibhlin McHugh said that public health data

can be used to pin point areas and issues for different demographics and understand people's needs. She agreed that we need to shake off assumptions about assets and deficits - deprived areas have many assets, as the people living there are continuing to survive and flourish despite their circumstances and environment.

Inclusion for all

A delegate from Deaf Scotland asked, "Is there a further breakdown of the statistics to show the impact on people with disabilities?" Eibhlin McHugh commented that there is need to influence policy decisions by providing evidence of the implications of policy decisions on people's lives and wellbeing. For example, inclusive growth must be about good jobs, not just jobs for jobs' sake. We also need evidence about the impact of wellbeing on communities and the economy.

Ella Simpson called for us to stop working in silos; for example, with older people only, or in mental health or with people living in certain places, and push for a cross-cutting approach that is person-centred and cross-sectoral. On inclusion, Ella said we cannot afford to be complacent, pointing out that Edinburgh's award winning bus service is still inaccessible to anyone who cannot make it to their nearest bus stop.

Four final thoughts from the panel

- When we have a value system that is based on respect, consideration and kindness all the other things will fall into place (Hilda Campbell).
- We need a real commitment to the bottom up approach and to support collaboration (Eibhlin McHugh).
- It is encouraging to see the focus on communicating with communities and of a shared agenda (Elspeth Gracey).
- We need to add 'respect' to our values. We need to be more respectful of people in our society and move away from blaming people (Ella Simpson).

For more information about public health reform: <https://publichealthreform.scot/>

For further information about VHS's involvement in public health reform

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