

Key Messages



Building Forward for Health and Wellbeing

VHS Annual Conference, 4th and 5th November 2020

Introduction

VHS held our Annual Conference and AGM over two days on an online platform for the very first time. #WeArePublicHealth: Building Forward for Health & Wellbeing had over 120 delegates registered to attend with keynote speakers, workshop sessions, discussions, [virtual exhibitors](#) and our [annual poster competition](#).

The focus of the event was around how we continue to live with the COVID-19 pandemic and how we ensure that our experience and learning are what shapes the future for health and wellbeing, the right to health, and tackling health inequalities. We acknowledged how the voluntary health sector has pivoted rapidly to plug the gaps and provide vital emergency responses to pressing new needs throughout the pandemic. We also discussed the key role the voluntary health sector has to play in the next phase of the pandemic where the agenda is one of remobilisation, recovery and building back better.

Conference Day 1

James Jopling, Head of Scotland - British Heart Foundation Conference Chair

James began by pointing out how important the time was for voluntary and community sector organisations as they worked out their own changing roles within the pandemic. How many organisations had to grapple between the regular work of their own organisations as well as having to adapt to changing needs. He highlighted

how this conference would give the voluntary health sector a platform to discuss how they could build forward collaboratively.

Claire Stevens, Chief Executive – Voluntary Health Scotland

VHS had been planning this conference for a while and our initial thoughts were to focus on the six public health priorities and the voluntary and community sector contribution to these. However, we have shifted our focus to COVID-19 and how we can build back better. We need a discussion around what recovery post COVID-19 looks like – about what effective, collaborative and inclusive approaches look like. The voluntary and community sector response during COVID-19 has been essential in mitigating some of the most harmful socio-economic and health impacts of the pandemic. We have been able to pivot our organisations and services to support those who are most vulnerable and this needs to be recognised.

COVID-19 has exacerbated existing health inequalities but has also created new ones and this conference offers a great opportunity to discuss ways in which we can tackle these.

Jim McGoldrick, Chair - Public Health Scotland Keynote address

Jim began by giving us an insight into his previous roles as an academic, as Convenor of SSSC and on the Board of NHS Fife. All of which allowed him to better understand concepts such as a whole systems approach to people's health and wellbeing. During his time on the Board of NHS Fife, he realised the importance of preventing ill-health and focussing on prevention and early intervention. However, he realised that this often translated as HEAT targets, preventing delayed discharges and multiple re-admissions and pointed out that this needed to change.

He introduced Public Health Scotland (PHS), the new Specialist NHS board that is Scotland's National Public Health Body. He explained the strong relationship between PHS and VHS, and the important role VHS played on the Oversight Board and a number of Commissions that were responsible for setting-up the new body. PHS became operational on 1st April 2020, in the middle of the pandemic, with 90% of the staff working from home – all of the focus of the organisation shifted to COVID-19.

PHS recently launched their [Strategic Plan](#) which focusses on Population Health and developing 'purposeful relationships' across different sectors to achieve this. It has four key interlocking themes:

1. Mental Wellbeing
2. Community and Place
3. Poverty and Children
4. COVID-19

Jim noted PHS alone could not achieve progress and work on these themes and that the third sector are a key partner in helping them deliver the strategic plan.

Professor Kate Ardern, Director for Public Health – Wigan Council

Keynote Address

Kate spoke about the Wigan Community Deal for Health and Wellness – which aims to make health everyone's business. She gave some background into the demographics of Wigan, explaining that there are high rates of deprivation and unemployment, around 23% of residents have a long term illness, there are high rates of homelessness and higher than average rates of obesity.

She explained that while austerity meant that most areas cut their prevention budgets and activities, Wigan based its plan on Professor Sir Michael Marmot's principles. This meant focussing on delivering a person centred approach, focussing on the determinants of health, investing in communities and having prevention as a central tenet. They made a bold decision to move upstream and increase spending.

The Wigan Public Service Reform Principles focussed on developing a new relationship between public services and citizens, communities and businesses, which aimed to *do with people, not to people*. They employed an assets based approach and even brought in an ethnographer to train council and NHS staff as well as other people that they work with on how to apply these approaches. They also used a genuine place based approach and created geography that was meaningful to local communities.

These Reform Principles gave way to the Wigan Deal which is based on a range of components that drive all the work of the Wigan Council, and its partners. These include telling stories alongside statistics, making this new approach core business not just an add on, ensuring leadership across the whole system, changing culture to focus on health and wellbeing and removing barriers to this and giving people the permission to think outside the box.

This new way of working has resulted in significant improvements in life expectancy, the citizen survey shows that it is the happiest place to live in Greater Manchester. They have balanced budgets which ensures financial security to continue what they are doing and they have been able to reduce delayed discharge and readmission by joining up the system.

This movement towards the Wigan Deal has meant that Wigan has been in a strong position to deal with the pandemic and better support people. They developed the Wigan Community Response Model which amplified the importance of neighbourhood approaches in supporting the health of all people & resilience of communities. They have identified vulnerable groups and created a range of support mechanisms to create a dynamic ecosystem of support for community health and wellbeing. They sustained their investment in the third sector throughout austerity rather than cut it.

Discussion

Question: Will Public Health England have an impact on Public Health Scotland?

Jim McGoldrick: Public health is a completely devolved issue in Scotland and as such they will not have any direct impact on us, we have chosen a different model to

that used in England and have focussed more on a collaborative approach to public health in Scotland.

Question: How can you ensure locally appropriate and culturally sensitive approaches are fruitful?

Jim McGoldrick: A big challenge for PHS is to be a national body with local partners to ensure effective local delivery. It is vital PHS engages with Community Planning Partnerships (CPP) and now Angela Leitch (Chief Executive of PHS) has joined the overarching body for CPPs. This will help PHS to inform and deliver local actions effectively.

Kate Ardern: If public health is to work then every individual needs to be able to take power and have agency over their own health and wellbeing. This means taking a medical and statistics approach alongside recognising people's stories and emotions and recognising different types of expertise. It also means direct accountability to people and communities.

Question: Could you give more detail about how communities were involved in creating the Wigan Deal?

Kate Ardern: We didn't have a conduit body so had to do all the public engagement ourselves. We had face-to-face street engagement, we mapped and engaged with community assets and a wide range of partners. We allowed staff to go out to where people are and use the DEAL approach where you listen and have continuous discussions with people. We aimed to take the bureaucracy out of people's jobs so that they could engage with people effectively and build meaningful relationships with communities.

Question: Local action was very fast in Scotland to respond to the pandemic and Government support was slow off the mark. How was that managed in Wigan and what can we do better in Scotland?

Jim McGoldrick: The scale of the pandemic has been overwhelming and its imperative that we take learning from communication with local partners about the issues and opportunities going forward.

Kate Ardern: We put all of our services towards the pandemic response and our voluntary sector is part of our business so nothing had to change for us – we all worked together to act on pandemic and didn't need to rely on national Government.

Question: How has the pandemic changed things?

Jim McGoldrick: Public health is now front and centre and the significance of public and population health is now central to the Government. It has provided us with a monumental opportunity to embed public health in social care, which would be a great achievement.

Kate Ardern: Now people know what public health is – this should not be lost. Use this momentum to embed health in all policies. We are all Directors of Public Health now.

Conference Day 1 Workshops

These included the following presentations:

[British Red Cross Workshop](#)

[Parkinson's UK Workshop](#)

[Scottish Government workshop](#)

[SHAAP Workshop](#)

Conference Day 2

The second day of the conference started with a second round of the workshop presentations (see Day 1), followed by the results of the poster competition.

Delegates voted for Breast Buddies: [Virtual Antenatal Education: Informing families and facilitating friendships](#), as the winner of the 2020 competition. [View all poster entries and blogs can be seen here.](#)

Professor Maggie Rae, President - Faculty of Public Health Keynote Address

Maggie spoke about her first job in community development and how this provided her with the best education and learning about how to effectively work for and with communities. She said that it was vital in the mission for public health to support the work of VHS and what the voluntary and community sector is doing.

She spoke about the importance of treating people with kindness and the profound impact this has had during the pandemic. Behind every figure or statistic is a real person and we need to remember that and work to ensure that everyone has a chance for good health. The pandemic has highlighted the need to fight for people to have social justice and to minimise the issues and inequalities that have been exacerbated by the pandemic.

She commented on how well placed the voluntary and community sector is to tackle these issues and support those who are most vulnerable. She mentioned how being a trusted part of the community, often talking the language people most understood and responded to meant that our sector could find and deliver the most effective solutions. She also spoke about how the community and voluntary sector could understand and utilise community assets and support those who are most vulnerable. However, she also commented on the need for the voluntary and community sector to be backed by sustainable resources so that we could continue our work and how this was an efficient and cost effective way of delivering change – by investing in communities and the voluntary sector.

Discussion

Question: How do you develop purposeful partnerships?

Maggie Rae: It is really important to aim to collaborate purposefully – this happens through speaking up and engaging in real conversations about what needs to be done and real actions.

Question: How can we reach everyone that needs support with limited resources and at times constant judgement about the amount we are spending versus the number of people we have supported?

Maggie Rae: It is important not to be hard on yourself and realise that your sector is reaching vital groups. Michael Marmot said that you cannot just focus on supporting those most deprived and need to make a difference across the board, in order to effect change.

Question: Before the COVID-19 pandemic we were in a good place to end the HIV epidemic by 2030 – how can we keep this on the agenda?

Maggie Rae: By presenting a strong economic case for prevention we can ensure that this stays on the agenda post COVID. A significant proportion of the population in Scotland live with HIV and other socio-economic issues by presenting a strong economic argument we can call on the Government to save money by supporting prevention and early intervention.

Question: How do we find others who share your enthusiasm for the community and voluntary sector to ensure we are sustainable?

Maggie Rae: Use the economic argument of prevention and early intervention to make the case for sustained support and resources.

Question: How can people get involved in the work of the Faculty of Public Health?

Maggie Rae: The faculty has around 40 special interests groups that individuals and organisations can join by becoming a member of the faculty. There are currently over 4,000 members and we all try to work together to tackle a range of issues.

James Jopling, Head of Scotland - British Heart Foundation Conference Chair

James closed the conference by remarking on how the event was able to bring together a diverse range of organisations, opinions and views together to discuss how we can work together effectively both during and in the aftermath of the pandemic to better support people's health and wellbeing.

The two day event concluded with the Annual General Meeting of VHS.

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