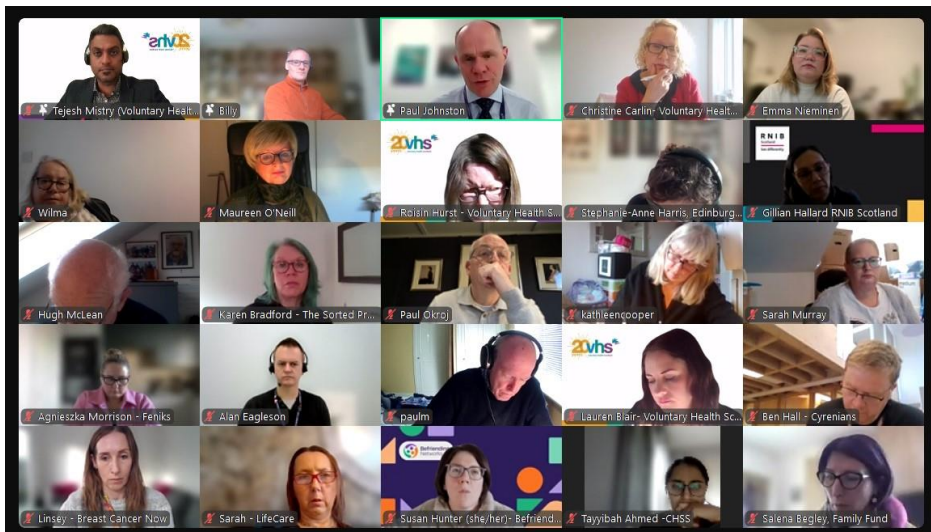


# Key Messages



## From Crisis to Control: Preventing the Ticking Timebomb in Population Health



### 28<sup>th</sup> November 2024

Voluntary Health Scotland (VHS) hosted their AGM and online event ‘From Crisis to Control-Preventing the Ticking Time Bomb of Population Health’ on the 28<sup>th</sup> of November 2024. Nearly 80 attendees registered to join the event to hear from Paul Johnston, Chief Executive of Public Health Scotland (PHS) and VHS members to discuss public health and prevention.

### Scotland’s Vital Health Sector

Tejesh Mistry, Chief Executive of VHS welcomed Paul Johnston, highlighting his leadership in the focus on prevention work and reminded the audience of Paul’s recent blog ‘[A Scotland where everyone thrives](#)’.

### Role of the Third Sector

At VHS’s recent annual conference, ‘Scotland’s Vital Health Sector’, we collected delegates’ views on the third sector’s role in health. The main points were:

- We need a shift in perception around money and resources. **The Third Sector is essential**, not a 'nice to have.' The funding, structures, policy and evaluation should reflect this.
- **Public and community transport is crucial** to address health inequalities and missingness. Free or subsidised travel for those who need it most would transform access to health.
- **Person centred care at the heart of our health system.** The Third Sector are experts in embedding the human experience at the heart of what we do. The Government and Local Authorities should learn from and work with the Third Sector to embed this approach.
- Levy on supermarkets to fund public health initiatives: **target those making profit** to utilise this to improve public health.
- We need to focus on health creation and healthy communities. Communities should be places for people; safe, quality transport, accessible and healthy retail choices.

[Read the full key message report from the VHS Annual Conference here.](#)

## Leading Change in Population Health and Prevention

Paul Johnston, Chief Executive of Public Health Scotland (PHS) acknowledged the role of the third sector in improving health and wellbeing and tackling health inequalities. PHS will be renewing its strategy next year and he is keen that they collaborate with VHS and members on this to ensure that strategies are aligned.

### Vision: A Scotland where everybody thrives

Paul highlighted the latest data on life expectancy trends in Scotland. [View the statistics and full PowerPoint presentation here.](#)

Despite some positive shifts in data trends, Scotland's life expectancy remains the lowest in Western Europe. Acknowledging the challenges posed by Scotland's public finances, he underscored the vital connection between health and the economy. A thriving economy depends on a healthy population. The rising levels of economic inactivity, driven by poor health, highlight the undeniable link between these two critical areas.

Paul highlighted the need to protect investment in health. Social and economic factors as well as health behaviours and the physical environment should all be considered. Individuals are complex, with multifaceted needs which require a holistic approach. Often it is about creating purpose, connection and meaning. How can we make real progress to support a person-centred approach to ensure individuals thrive? PHS will be reflecting on this in their next strategy.

### Building blocks of health

There are many positive building blocks already in place in Scotland which we should celebrate. We are the only UK nation with a Child Payment to alleviate child poverty, as well as regulation of tobacco and alcohol with minimum unit pricing of alcohol to rise, all of which is working to protect health. We need to continue to work together to create the progress which moves us from crisis to control.

## Prevention is key

Preventative interventions work. We can recognise the importance of treatment but also set out ambitious prevention packages relating to food which would lead to significant benefits. e.g. NESTA's [blueprint](#) for halving obesity.

Much more needs to be done in the realm of prevention to inspire, challenge, and persuade colleagues in national and local government to take meaningful, sustainable steps to strengthen prevention efforts.

## Population Health Framework

The draft Population Health Framework is currently taking shape and Paul welcomed VHS's recent event to support its members to shape the framework. [Read our event key messages here.](#) The Framework itself will not be enough to move us 'from crisis to control.' We must prioritise actions that drive meaningful progress toward prevention. It's not just about taking action; it's about ensuring that prevention remains at the heart of our efforts, with VHS members playing an integral role in the process.

## Every sector has a role

Every sector has a crucial role to play as we move forward. What could we achieve if we truly united our efforts? How can we shift from competing to collaborating, combining our resources and expertise to make a meaningful difference in prevention work?

Area's we can collaborate on:

- **Partnership and innovation** - tackle root causes and work together on reform in relation to health and social care.
- **Policy** - strengthen the role of third sector in tackling inequalities.
- **Once for Scotland** - use data more fully with the third sector to support that improvement.
- **Decision making** - to influence strategies on improving health and regularly publish findings.
- **Strategic planning** - to all share the same goal.
- **Advocacy and influence** - to support third sector advocacy.

Paul concluded with a powerful call for unity, emphasising that everyone - from vaccinators and academics to public sector leaders, grassroots organisations, and public health teams – must come together to inspire politicians at both national and local levels. Improving health and wellbeing in Scotland needs to be embraced as a strategic priority across the board.

## Questions and Discussion

**Tejesh Mistry, VHS** highlighted the positive strides being made in Scotland, encouraging us to hold on to hope where we can. He highlighted the importance of recognising and celebrating progress, strong leadership, and a genuine commitment to collaborate with the sector.

**Billy McClean, South Ayrshire HSCP** - Can we change the focus of discussions from measuring crisis to prevention and early intervention? Also how do we ensure that

the success in shifting outcomes and output to around primary prevention is replicated across Scotland?

Paul agreed that we need to ensure the system is not held to account for short-term measures. We want our leaders to be held to account for more than just crisis measures and have accountability for long-term outcomes. The upcoming Population Health Framework will explore measures we should be accountable for e.g. life expectancy. However, it won't only be one measure. What about levels of happiness in our children? Only 22% of children currently describe themselves as happy. Paul also emphasised the role of community planning partnerships (CPPs) which are a powerhouse when improving health inequalities. He would like to see these partnerships strengthened.

**Hugh McLean, Lorn and Oban Healthy Options** - How do we go from policy to implementation and how do we get policy makers to set money aside for improvement and prevention when the NHS is struggling for money? 5% should go on prevention according to comments in 2019 by the Health and Social Care and Sport Committee.

Paul agreed that as a nation we are grappling with prevention spend. PHS is working with health boards to ensure that preventative spend is prioritised as key to addressing the sustainability pressures being faced. He acknowledged that it is hard to set aside funding for prevention. He is keen to explore where they can pivot their expenditure in PHS to support prevention. E.g. Gambling levy - fixed percentage of this, maybe 20% will go on prevention.

**Billi Allen-Mandeville, the Health and Social Care Alliance Scotland** - There are difficulties in finding intersectional disaggregated data, particularly for certain groups and regions in Scotland, are there any plans for improving and filling these data gaps?

Paul would be happy to follow this up with the PHS data team. He recognised the need for better data e.g. on minority ethnic groups to tackle racialised health and better data linkage between education, justice and health sectors to support schools.

**Susan Hunter, Befriending Networks** - Connection, purpose and meaning create good health. How do we present these factors which may be regarded as 'soft outcomes' with strong and hard data and evidence which can put value and investment into prevention and early intervention activities, such as befriending?

Paul agreed it can be difficult to measure purpose, connection and meaning. For example, we can ask people how happy they are which is done via the Scottish Household Survey. We perhaps need to ensure that public authorities are held to account to make progress on these and develop partnerships with organisations like Befriending Networks. Let's embrace the challenge of working on this together and the Social Isolation and Loneliness Strategy is an important part of this.

**Sarah Edwards, Breastfeeding Network** - How do we move away from the silo model of working? The example of peer support breastfeeding which could save the NHS £20million, but is perhaps not seen as health issue.

Paul praised the improving breastfeeding rates in Lanarkshire as an example of low-cost health benefits - public health in action. He hears within Scottish Government concern over silos and barriers, people don't live their lives in departments and he wants us to address this. Community Planning has a role to play in this as does the third sector and PHS to challenge those silos. Paul agreed that there should be more third sector representation at the PHS conference next year.

**Maureen O'Neill, Faith in Older People** - Spiritual wellbeing can form the basis of resilience and we need to build that into the education of the workforce and faith communities often get forgotten when it comes to public health. Work has been done on evaluation of spiritual care by [Austin Snowden from Napier University](#).

Paul agreed to follow up with Maureen about the benefits of spiritual care in public health.

### Third Sector Prevention - Member Insights

**Karen Bradford** gave an overview of [The Sorted Project](#) which was established in 2008 to support complex needs of people with substance dependency and mental health. The Sorted Project helps with their recovery journey and uses a canal boat called Panacea to support them. They have worked hard to improve the health and wellbeing of their service users, volunteers and staff by encouraging healthier eating, smoking and vaping cessation and more physical activity and they have seen measurable results from this.

**Salena Begley** gave an overview of the work of the [Family Fund](#) which supports families and carers of children with disabilities. They administer the Families Grant which provides support to help wellbeing of families e.g. to take a break and look after their own wellbeing. One person commented 'it is a tonic, gives my energy and mental health a boost to carry on.' Salena provided the example of supporting parents to travel from Wales to London to be there for their daughter who was having surgery and the difference this made to her recovery.

**Stephanie-Anne Harris** from [Edinburgh Community Health Forum](#) spoke about the crisis facing third sector organisations in Edinburgh with threatened grant funding cuts by Edinburgh IJB which would affect 64 community organisations. Stephanie-Anne stressed that this should be a massive reality check for Scotland overall. Stephanie-Anne made the point that the public should be asked how they want to the government to spend their money when it comes to health. The role of the third sector in communities is vital and there is a disconnect when it comes to funding and the actions of IJBs.

### A call to action

Paul underlined the need to foster a stronger understanding of the third sector's vital role in prevention across all sectors. He concluded by highlighting the critical contribution that VHS and its members make to improving Scotland's health.

Acknowledging the challenges faced by organisations working tirelessly to sustain services amidst difficult funding cuts, Paul recognised the pressures they endure. Tertiary prevention is more expensive than primary prevention and needs to be taken seriously. He reaffirmed PHS's commitment to advocating for funding that extends

beyond traditional health services, stressing the necessity of holistic support and prevention services that save money in the long run. This kind of investment, he stated, is not just beneficial – it's essential.

### **Voluntary Health Scotland**

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