

Consultation Response: Public Health Scotland Strategy

22/08/25

Introduction

On the 13th of May VHS hosted an event, in partnership with Public Health Scotland (PHS), for our members and stakeholders to feed into the development of the PHS strategy. This resulted in the publication of this [Key Messages Document](#). Given this prior input, we have opted in this response to reinforce the messages from our session in May whilst also bringing in more recent evidence from our engagement with members.

Our response explores the questions posed by PHS in the consultation through four headings: Engagement and Collaboration, Language, Data, and Implementation.

About Us

Voluntary Health Scotland (VHS) exists to create a healthier, fairer Scotland served by a thriving voluntary health sector. We are a membership organisation, with our members comprising third sector organisations working across Scotland to support people's health and wellbeing, tackle inequalities, and research and advocate for better health systems and policies. We also facilitate the Scottish Community Link Worker Network, the national network for primary care community link working in Scotland.

Through our policy work, VHS seeks to ensure that the experiences, knowledge, and interests of our members and stakeholders are reflected in national decision-making about health inequalities and health creation. We regularly consult with our members to ensure that our policy voice and priorities are reflective of their views and interests. We also ensure that our members are informed about relevant policy developments through accessible communications and events, and that they are aware of opportunities to influence decision-makers individually and collectively.

Our Response

1. Engagement and Collaboration

Our members are positive about the commitment from PHS to meaningfully engage with the third sector as they develop their strategy. It is clear that the third sector are recognised by PHS as an important and equal partner in the shift towards prevention.

However, VHS members report that they are not always treated as an equal partner more broadly by public sector partners, particularly at a local level. In our event in May, members reflected on the ‘imbalance of power’ that exist between sectors which often manifests in unsecure or unsustainable funding, challenges accessing data and difficulties feeding into local decision-making.

The third sector is often under-valued as an informed voice in decision-making, as well as an invaluable source of qualitative and quantitative data. We have also heard recently from members feeling that they are ‘low on the priority list’ when it comes to decision-making about resource allocation, and this is reflected in the number of our members concerned about the long-term financial sustainability of their services. For the third sector to continue as a key partner in supporting PHS to achieve their ambitions, the Strategy needs to address this imbalance of power at all levels of decision-making.

We therefore believe that PHS already have a broadly positive relationship and reputation with the third sector in Scotland. To build on this, PHS should identify clear methodologies in the strategy for ongoing communication and collaboration with the third sector, both through membership bodies like VHS and through opportunities for direct interaction. They should also explicitly position themselves in the strategy as a sector leader in their approach to engagement and collaboration with the third sector.

2. Language

We welcome the clear commitment in the consultation publication to addressing health inequalities, and that this stems from ‘community, connection, opportunity and wellbeing’. We further welcome the values of collaboration, respect, innovation, excellence and integrity that are key drivers behind the Strategy.

Building on this, we would like to see an explicit link throughout the strategy between health creation, prevention and health inequalities. PHS have a key role as a leader in the shift to prevention, and the language of prevention should therefore be explicit throughout the Strategy to reflect commitments made in the Population Health Framework. This would further support efforts in the third sector to secure funding for preventative services, as well as to participate as an equal voice in wider decision-making about public health.

It is also vital that the PHS strategy addresses emerging concepts in public health such as ‘missingness’. Missingness in health is such an important indicator of the accessibility of services and needs to be further explored to fully address health inequalities.

Finally, several members have raised some discomfort with the language adopted in the PHS vision: ‘a Scotland where everybody thrives’. Some of our members, many of whom work with people living with long term conditions or are approaching end of life, believe that the use of the word ‘thrive’ is not universally resonant. It is acknowledged in the most recent document that ‘thriving goes beyond the absence of illness’, but this statement is still open to interpretation. As such, the vision perhaps requires further clarification and qualification to ensure it is inclusive of all, and something that all VHS members can support.

3. Data

In the consultation document, PHS acknowledge their role as a steward and curator of Scotland’s health data. In fulfilling this role, it is vital that PHS address the reported inaccessibility of national health datasets for organisations in the third sector. This was raised as a challenge at our event in May and has been further reported in more recent engagement with our members.

Data is often not shared in a timely manner or access is limited. In addition, data can be inconsistent, either in relation to particular health conditions or demographic groups. This makes it difficult for third sector services to deliver the right services, contribute to decision-making, or compete for resource. The PHS Strategy should address these data gaps and ensure that the third sector - as an equal partner - has appropriate and timely access.

There has also been comment from members recently that the data and metrics used for decision-making are overly medicalised and therefore do not reflect the ambition to shift to a prevention-first approach. Workstream 6 of the Public Service Reform Strategy presents an opportunity to redesign approaches to decision-making by utilising alternative data sources.

This leads us to our next point: the third sector are an underutilised source of data on preventative public health interventions. Often third sector data is discounted because it does not meet academic standards or is not based on representative sample sizes. However, our members are a rich source of quantitative and qualitative evidence on the causes of health inequality and the interventions that are successful in addressing these. Third sector data is also often specific to particular demographic groups, geographical locations or conditions, bringing a level of specificity and intersectionality that is often absent in national datasets.

PHS should commit through the strategy to utilising wider metrics of health inequality and embracing a broader range of data sources, including the third sector, when making decisions.

4. Implementation

PHS have recognised that the third sector is a key partner in achieving its ambitions which is welcome. However, ensuring this is reflected throughout the strategy will be important. PHS needs to frame itself as an ally of the third sector to ensure continued buy-in during the implementation of the strategy.

PHS has a leadership role in championing prevention, and in ‘collaborating across sectors to turn policy into action’. In reality, this should translate as a commitment to advocate for dedicated and sustainable spend on all forms prevention - primary, secondary and tertiary - including fair funding for the third sector. It should also mean clear and explicit strategic alignment to the third sector in the strategy, setting a standard for this approach more broadly. The shift to prevention, in practice, will require ‘creative and radical thinking’. The third sector is often a champion of innovation but this will require meaningful and equal engagement. VHS are committed to continue working with PHS in building meaningful links with the third sector as the strategy is implemented.

Conclusion

PHS have committed to engaging meaningfully with the third sector in the design and implementation of this strategy, which is welcome. However, the PHS strategy must explicitly state how PHS will champion and support the third sector, as an equal partner in the realisation of public health ambitions, to achieve full buy-in from the sector and ultimately achieve meaningful change. Currently, our members are reporting unsustainable funding, challenges accessing relevant data, and barriers to participating in decision-making. PHS have the opportunity, through this strategy, to address this imbalance of power.

As stated in our Key Messages document from the 13th of May, ‘This conversation is just the beginning - lasting change will depend on how we build, collaborate and lead together from here’. The PHS Strategy will be a key document going forward in setting the tone for meaningful and sustainable change.

Further Information

If you require additional information about any of the points made in this response or if you would like to discuss them further, you can contact our Policy and Public Affairs Lead, Sarah Latto, by emailing sarah.latto@vhscotland.org.uk.