



Public Health Review Engagement Paper: VHS response

Background

Voluntary Health Scotland (VHS) is the national intermediary and network organisation for the voluntary health sector. VHS works with its members to strengthen the voice, profile and influence of the sector and welcomes the opportunity to contribute to the Public Health Review.

Insofar as the public health function aims to improve health and reduce inequalities, the activities of the voluntary health sector and the third sector as a whole are closely aligned with public health. VHS's forthcoming report, ***Living in the Gap***, details the sector's contribution to tackling inequalities and the Public Health Review offers an opportunity to place that contribution in the context of the overall public health endeavour in Scotland.

VHS has representation on the Review Group and has already sought to support this role through a Sounding Board event, which brought together representatives from a range of third sector organisations. It is clear from discussions at the event that the third sector in Scotland is engaged in public health issues at frontline, policy and strategic levels. Notes from the Sounding Board are included with this submission (see Annex 1).

Summary

- In order to tackle (health) inequalities in Scotland, public health needs to be understood as a joint endeavour between the public and voluntary sectors
- However, current structures are perceived to be inadequate to harness this joint endeavour
- There is a disconnect between the formal Public Health endeavour and the contribution/offer of the third sector
- This can be seen in the current understanding of the core public health workforce, which ostensibly excludes those outside the public sector.

Delivering the public health function to improve health and address health inequalities

The Engagement Paper asks for comment on the strengths, weaknesses, opportunities and threats in relation to the contribution of the public health function in improving Scotland's health and reducing inequalities. One of the key issues identified at the VHS Sounding Board was the need for common ownership of the public health agenda and the requisite structures to support this. While there is recognition that structures and processes are in place – Community Planning Partnerships; Single Outcome Agreements; Third Sector Interfaces – a repeated view is that the effectiveness of these is yet to be realised. Partnership was identified as a particular issue.

Partnership

Comments on partnership from the VHS Sounding Board event include:

- *'Third sector should be equal partners in delivery, funding, advocacy, quality';*
- *'Need understanding between sectors and recognition';*
- *'Stronger pathways with statutory sector- needs to know when to let go to Voluntary sector';*
- *'Consistent recognition of the key role the third sector plays in addressing public health issues'.*

In other words, the third sector is concerned that it is not sufficiently recognised in terms of its current contribution and potential offer to public health in Scotland. Audit Scotland's recent report on Community Planning, ***Turning Ambition in to Reality***, acknowledges that there is evidence of good partnership working between third and public sectors; however, there are significant issues around leadership, accountability and clarity, which are impediments to delivering work on inequalities and prevention. This applies to the relationship between the third sector and public sectors in public health work. Part of this may stem from a view from the public sector that the third sector, while providing evidence of the need for public health interventions, is less able to provide evidence for particular interventions. This can, of course, be challenged as there are good examples of the sector operating from a substantive evidence base. However, it also reflects an issue that the sector recognises, i.e. that it needs to improve how it routinely measures impact.

The Public Health Review offers an opportunity to investigate these issues, identify solutions and build confidence in the possibility of effective partnership. Supporting the sector in developing a systematic evidence-based approach is one area where solutions could be found.

Leadership

It is difficult to assess issues around leadership and public health in relation to the third sector when there is a perception that the sector is marginal. Nevertheless, our report, ***Living in the Gap***, provides some testimony that the sector is taking a leadership role in work on health inequalities:

'We'd really like to highlight the value of our work in driving the agenda at a local level; we're recognised as leading the approach and being responsible for many of the successes brought about in our partnership. That's a big step when you consider that a few years ago the relationship was contractual; we were commissioned to supply the services – now we're involved in that commissioning.'

For the third sector, leadership in public health will emerge from partnership working at a local level. Crossover with the public sector in terms of public health workforce is currently less likely to provide opportunities.

Workforce

One of the participants in the VHS Sounding Board observed that particular change was needed in workforce development:

'(there needs to be) Better workforce development e.g. access to UKPHR for third sector orgs to allow PH accreditation'

The current review of the Public Health Skills & Knowledge Framework may pick up some of this discussion but the Public Health Review and the concurrent review of workforce being undertaken by Professor Andrew Fraser offer the most substantive opportunities to open up thinking on the topic.

The Public Health Workforce predominantly denotes a *public sector* workforce ranging from public health consultants, directors, academics and managers to health visitors, school nurses, public health practitioners and environmental health professionals. Broadly speaking, this is seen as the core workforce. The questions posed in the Public Health Review Engagement Paper seem to reflect this position, focusing primarily on the 'core/specialist public health resource' and the 'core public health workforce'.

It is important for the review to consider the 'wider public health workforce' and its role in maximising impact. This could mean: a more specific mapping of the wider workforce; a commitment to consider accreditation of third sector workers; and the incorporation of appropriate parts of the workforce in to the core workforce.

Co-ordination

The review of Public Health in Scotland is running concurrently with: a consultation being undertaken by the Scottish Public Health Workforce Development Group; a change in the governance structures of ScotPHN; and a review of the Public Health Skills and Knowledge Framework (across the UK). The third sector is involved at some level across all these fronts, e.g. VHS has representation on the PH Review Group and the ScotPHN Advisory Group and is part of the consultation on workforce.

Where possible, the third sector is looking for some form of cross-referencing between activities. At present there is no obvious commitment to ensuring the right level of coordination between the four processes. This has the potential to dilute the outcomes of one or all of the processes. The Public Health Review Group seems best placed to ensure that all the current activity is fully informed and able, where possible/desirable, to align outcomes and recommendations.

Next steps

We look forward to the regional engagement events being undertaken by the Review Group and to reading the responses of colleagues to the Engagement Paper. VHS will be building on its Sounding Board work to provide opportunities for third sector organisations to develop their thinking and support their development around public health inequalities.

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Voluntary Health Scotland

12th March 2015

Annex 1: note of the VHS Sounding Board discussion, 17th February 2015

Background

In November 2014, Scottish Ministers asked for a review to be undertaken of public health in Scotland. A review group was established and met for the first time in December 2014. The group meets monthly. VHS is a member of the group and is represented by Grant Sugden, CEO of Waverley Care.

The group published an Engagement Paper in January 2015 seeking views on key aspects of the review, e.g. partnerships, workforce, etc. The VHS Sounding Board held on 17th February was an opportunity to generate responses to the Engagement Paper and to begin to develop a third sector response to the overall review.

The Sounding Board was facilitated by Audrey Birt.

Introduction by Audrey Birt, Health & Social Care Academy

While healthcare is improving, inequalities continue to grow. Today is about taking time to think about the role of the third sector in public health across its four functions: health improvement; improving health services; health protection; and public health intelligence.

Presentation from Heather Cowan, Scottish Government and secretariat to the Public Health Review Group

- Key question for the review group to answer: how can Public Health be more effective in tackling health inequalities?
- The idea is to maintain the traditional work of Public Health but expand/retune to tackling health inequalities.
- There is no fixed agenda in terms of expected outcomes from the review,
- Recognition that health inequalities are embedded in wider determinants of inequality: social, economic, gender, ethnicity, etc. What then is the Public Health contribution to the wider effort?
- Additional policy context for the review: Community Planning and the Health & Social Care agenda offer opportunities for more joined up working. The review will help to focus thinking.
- Public Health workforce can be described in three layers:
 - Core - all staff who engage directly in Public Health activities;
 - Wider – GP's/pharmacists
 - Wider again – significant people in communities: teachers, hairdressers, leisure staff, etc.
- Process: VHS sounding board is first public engagement on the review. Has already helped to focus attention on ensuring that third sector is fully involved in review and invested in outcomes. The Scottish Public Health Network (ScotPHN) is organising an engagement workshop within the next few months, the review group will continue to meet monthly and will take stock in June/July.

Comments from small group and plenary discussions

Several themes emerged:

- **Decentralisation:** of funds and key responsibilities to communities. For example, de-institutionalise the NHS. Look at it from community level and ask, what do people actually want? What makes a good life?
- **Leadership and cooperation:** third sector needs to come together to act on the big issues, e.g., the living wage, work/life balance
- **Reflection:** dangers of a predominantly middle class third sector emphasising the importance of non-material approaches (wellbeing, etc.)
- **Risk:** does Scotland have a culture of fear of failure? Do we just recycle old structures and not try anything new? In order to make the greatest impact we need to accept risk in trying new approaches.
- **Community Planning/Third Sector Interfaces:** at present there is a perception that Community Planning is not fit for purpose as a conduit for supporting/delivering public health work. Also, Third Sector Interfaces have been saddled with huge expectation but are poorly resourced.
- **Service commissioning:** there has been a race to the bottom over recent years in terms of the third sector being prepared to tender for contracts at cut throat prices. The sector should be challenging the commissioning of services on the basis of quality and third sector values.
- **Supporting communities:** locating solutions at a community-based level needs to be accompanied by substantial infrastructure support.
- **Lived experience:** third sector is close to the people and the communities who live with the daily challenges of inequality. Need to make more of our understanding of 'lived experience' and develop appropriate strategies.
- **Constraints:** It is difficult to see the public health review as an opportunity to be bold or radical. Is this the role of the third sector, i.e. to push the boundaries and thinking of the review?

Summing up (Audrey Birt)

Audrey suggested that one way forward was to embrace the phrase, Thing Big, Act Small, Start Now. She also referred to the 'fifth wave'ⁱ of public health. Wave 1 was great public works and municipalism. Wave 2 was refinement of scientific approach, germ theory of disease, hospitals and health visitors. Wave 3 was restructuring of institutions, welfare reforms, new housing social security, NHS. Wave 4 is focus on risk theory of disease, lifestyle issues – smoking, diet and physical activity. One participant commented that, if the third wave was about structures maybe the fifth wave is about dismantling some of those structures.

Comments from discussion session flip charts

A- What needs to change?

- Third sector should be equal partners in delivery, funding, advocacy, quality.
- Consistent funding streams are difficult to create sustainable interventions in 2/3 year funds
- Need understanding between sectors and recognition

- Stronger pathways with statutory sector- needs to know when to let go to Voluntary sector
- Consistent recognition of the key role the third sector plays in addressing public health issues
- Strategic commissioning- tackle inverse care law
- The silo approach- public health is about wellbeing of the population
- Access to sustainable funding for initiatives with proven benefit to marginalised groups
- Needs more focussed joined up vision and strategy and leadership
- Greater engagement of local authorities
- Need collective ownership/ responsibility for public health beyond NHS. Must be outcome of single outcome agreement, community planning and real community integration partnerships
- More connectivity and joint working
- Greater integration and empowerment of communities and greater transparency and accountability
- Greater joined up cohesion from statutory sector
- Cross government cohesion e.g. across health, social care, justice, education, economy etc.
- third sector needs to work with health, education, social work in order to tackle inequality and wide ranging determinations of health
- Clarity of message
- Look at what constitutes 'public health' and what is being delivered under public health banner e.g. drug misuse
- The perspectives on people lives doesn't always match peoples own desires
- Recognition of the whole third sector
- Change in attitude to the third sector/peer led approaches from workforce
- Better workforce development e.g. access to UKPHR for third sector orgs to allow PH accreditation
- A stronger focus on upstream prevention. We focus too much on secondary causes and not enough time on societal issues such as redistribution of wealth. employment
- It needs to be more coherent and cross cutting looking beyond 'exercise is good' and helping people live healthier lives
- Get away from focusing on lifestyles
- Recognise that health inequality comes from structural inequality
- Need to be open to the wider picture e.g. too narrow on inequalities
- Increased focus on prevention across all domains

B- Why is public health so important to the third sector?

- Community based social philanthropy predates public sector/NHS. This is OUR domain and we do it well.
- Involved in so many areas because it can do better/different from statutory sector.
- Same terrain and issues as volunteers, community and individuals
- Public health is important to the communities and individuals they serve and represent

- Majority work in organisations with support and people health is crucial/ foundation for that work
- Passionate about improving people's lives and promoting individuals own role in that
- Improving health and wellbeing is everybody's business
- Established partner role
- Community based activity is key to wider goals
- Provides opportunity for creative thinking for hard to reach groups
- Third sector works with individuals/communities who experience the poorest health outcomes and are most marginalised from traditional health services
- It is THE core business of many organisations in the third sector
- It releases more resources to tackle the wider issues
- Can influence route taken by third sector i.e. in service provision
- Tends to sit at the heard of core purpose of orgs and their stakeholders interests.
- It is a useful instrument in achieving third sector organisations ambitions
- Often working on same things from different perspectives
- We deliver public health services and influence how the service is delivered
- Constructive dialogue and partnerships can move things forward
- Because we are about making lives better and poor health impedes that
- Public health is core service of the third sector- it is all about wellbeing
- The third sector work with some of the most vulnerable in society dealing with the impact of societal issues. Public health can help those who rely on the third sector better than at present
- Type 2 diabetes inexplicably linked to public health along with many other conditions and hold the key to helping improve health outcomes

C. What is the role of the third sector in public health?

Inequalities

- Many third sector organisations play key public health roles in communities that have disengaged- they aren't seen as part of the system- so much more approachable
- Challenging the reasons for 'poor health literacy' –including existing stigma in services
- To help Scot Govt target and reach communities with poor public health
- Innovation and creativity
- Sharing experience and expertise though strategic commissioning value
- Provider of services with community access

Multiple Roles

- Not addressing disease- overcoming challenges- recovery
- Advocacy
- Provision of service
- Taking a community centred view
- Quality provider/improver. Not a contracting machine- it shouldn't be about the price

- With cut backs to funding and services in statutory services, third sector increasingly seen as provider of such services
- Prevention but also responding to need
- Public health is our central function- significant contribution to national outcomes from almost all third sector orgs
- Varied- service delivery, spotlight issues, push for change, constructive criticism
- Expertise in what works
- Community facilitation and empowerment
- Challenge function
- Has a wide range of roles across the sector- not just one
- Supporting health directly, community planning, giving people a voice and supporting people engage with statutory services and messages

Education and information

- Promoter
- Route to engagement and source of information. Can be part of the answer
- Role to play in prevention and provider of evidence of actual improvement
- Encourager

Voice and critical friend

- Critical friend to public services
- Connecting public policy with actual people
- Feedback grass roots voices
- Demonstrate effective community based interventions
- Work in partnership
- Third sector should be considered public health partner
- Creating opportunities to allow people to engage in public health
- To work together with NHS/LA to address and improve public health- to be seen as an equal partner

Next steps

- VHS will write up and disseminate the notes from this Sounding Board discussion and will work to develop a platform for further input into the review by voluntary sector participants.
- VHS will develop its own submission to the Engagement Paper and will offer an online space for other voluntary organisations' submissions to be shared.
- VHS will continue to support the VHS representative, Grant Sugden, on the review group.
- VHS will work with the review group and the Scottish Government to develop opportunities for further third sector input to the Review.

ⁱ http://www.davidreilly.net/HealingShift/5th_wave_files/TheFifthWave.pdf