

# HEALTH CHARITY LEADERS IN CONVERSATION WITH PENNIE TAYLOR

EDINBURGH, 25 MAY 2016

## KEY MESSAGES

### Introduction

1. With the dust settled following the results of the 2016 Scottish elections, VHS brought together over 50 voluntary health organisations to debate what lies ahead for Scotland's future health.
2. The event – chaired by award-winning journalist and broadcaster, Pennie Taylor – was an opportunity to take stock, consider the prognosis for population and individual health and look closely at what the key challenges are and how they might be overcome.
3. Panel members were:
  - Mark O'Donnell – CEO, Chest, Heart and Stroke Scotland
  - Clare Cable – CEO and Nurse Director, The Queen's Nursing Institute Scotland (QNIS)
  - Jane-Claire Judson – National Director, Diabetes Scotland
  - Nigel Henderson – CEO, Penumbra

### PANEL MEMBERS' OPENING STATEMENTS

4. **Mark O'Donnell**
  - The health and social care integration is complex, we're having to adapt and get on the front foot of commissioning.
  - Further structural changes to health would be a distraction and not in best interests of service users.
  - The third sector must amplify its power collectively to effect change.
5. **Clare Cable**
  - Relationships are key, but staff are hindered by systems and bureaucracy.
  - Models of care must be built round individuals and communities.
  - We need to understand what matters to people themselves, and have real investment in communities to help people thrive, not just survive.
6. **Jane-Claire Judson**
  - The Scottish Government must make diabetes a National Outcome.

- We need fewer Government reviews and more implementation and a focus on quality improvement
- NHS cannot solve issues by itself: third sector must fully engage, power must be ceded to people themselves.

#### 7. **Nigel Henderson**

- It's a system in danger of hitting the targets but missing the point. Targets are driving the wrong behaviour and this gets in the way of transformation.
- The caterpillar doesn't seek to be a better caterpillar, it seeks to be a butterfly – we need real transformation.
- Will the ten year mental health strategy be rights based and give people control?

## **SUMMARY OF GENERAL DISCUSSION**

### **General**

8. Self-directed support is not shifting power and control to people in a meaningful way.
9. 20% of children and young people referred to CAMHS are labelled: 'rejected'.
10. We have the best data on diabetes in the world but the worst care.
11. Policy has hardly touched health inequalities and they continue to damage the same families, generation after generation.

### **Strategy and policy**

12. With 31 Integration Authorities, do we really need 14 health boards? Integration could be the first step towards a new kind of NHS. Or is further reorganisation of health structures fraught with risk?
13. The National Clinical Strategy is underwhelming as a strategy for transformational change. It was put together without real consultation and there is little sign that the Healthier Scotland Conversation was an influence on it.
14. There is greater potential in the Chief Medical Officer's Realistic Medicine approach, with its interest in the shifting of power towards people, and in RCN Scotland's proposed approach to health and care due for publication 6<sup>th</sup> June.

### **Evidence and scrutiny**

15. Evidence about need, outcomes and what works is not shaping policy and investment decisions enough.
16. A great deal of academic data is produced, but the evidence of what people themselves say matters to them is ignored.
17. If national scrutiny and inspection focuses exclusively on 'service improvement', it hinders rather than helps.

18. Scrutiny should ask patients and service users, as standard: “what matters to?”
19. As a sector we need to have conversations with our counterparts elsewhere in a non-confrontational way: to help them become more comfortable about rights based language, to help ensure health is part of the agenda across non-health policy areas.

## Cultural Change

20. Culture change requires bold restructuring and reallocation of resources - and Chief *Enabling* Officers.
21. Providing pre-registration placements in third sector settings for health practitioners really helps shift professional cultures – but NHS settings dominate pre-registration placements.
22. Is it not incredible that we should have to educate the workforce to treat people with dignity and respect?
23. As a positive exemplar, Highland’s client board is chaired by a parent empowered to raise issues at the most senior level in the health board.
24. The media needs to be on board to support change not fuel populist scare stories.

## Public Health and prevention

25. The Public Health Review focused largely on the role of Directors of Public Health, although public health is the business of all parts of the public sector and of the third sector.
26. A public health strategy is needed, and one with a radical approach – e.g. move public health out of health boards.
27. Preventative services are being stripped out as a result of funding decisions.

## Opportunities

28. Take advantage of the political make-up of the new **Scottish Parliament** and the committee system to influence politicians.
29. Recognise that Scottish Parliamentary Committees ‘don’t know what they don’t know’ and be pro-active in briefing them.
30. Advocate to **target health spend** where inequalities are most prevalent.
31. **Work on prevention** together. Target people much earlier – acknowledge the complexity of working out exactly where, how and when to focus prevention work.
32. Tell the Scottish Government to use its new **social security powers** to underpin prevention.
33. Many health charities are condition specific, but we can harness the **commonality around the wellbeing element of health**.
34. Use the **breadth of the VHS network** to reach into non-health specific areas of policy making.

35. Enable, support and sustain **community approaches** to health.
36. Optimise use of **new technology**, especially in facilitating better information sharing. Look at its role in the success of the Netherlands' Buurtzorg system.

## PANEL MEMBERS' CLOSING STATEMENTS

**Mark O'Donnell** – think about tangible, practical things that we can do. Become the groundswell behind the RCN Scotland approach.

**Clare Cable** – be courageous and take risks. Education is key

**Nigel Henderson** – advocate to shift cultures and mind-sets, rethink what we do and how we do it.

**Jane-Claire Judson** – train health professionals to have positive, non-confrontational conversations.

## WHAT CAN YOU DO NEXT?

[View the Twitter Storify from the event](#)

[Read the VHS summary of the National Clinical Strategy](#)

[Read the VHS summary report of the Cross Party Group on Health Inequalities: September 2015-Feb 2016](#)

Continue the conversation on Twitter using [#futurehealth](#)

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31<sup>st</sup> May 2016