



VHS response to the Consultation on Public Health Scotland (PHS).

July 2019

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. We work with our members and others to address health inequalities and to help people and communities live healthier and fairer lives.

VHS has displayed significant leadership throughout the Public Health Reform process and has held a number of engagement events to keep the voluntary health sector abreast of all the upcoming changes. At our 2017 Annual Conference, '[Get Real](#)' we tried to better understand the real impact Public Health Reform could have on our population. At our conference, we provided an opportunity for our 140 delegates to hear about the Public Health Reform process and the Public Health Priorities from Professor Marion Bain, Co-Director, Public Health Reform, Executive Delivery Group. We also held an event at the Gathering in February 2019 with over 84 delegates, '[The Future of Public Health- Bicycle or Frog?](#)' The aim of this event was to explore what public health means to the third sector and engage the sector in discussion about public health reform and its ambition to address health inequalities. Most recently, we held a sounding board meeting on 17th June with a wide range of third sector organisations to discuss this consultation.

We have also been involved in the development of Public Health Scotland through our membership of the Public Health Oversight Board and the Health Protection Commission as well as contributing to the Communications and Engagement Commission. VHS also played a role in bringing together voluntary and community sector representatives on various Commissions to discuss engagement between the voluntary and community sector and Public Health Scotland (PHS) and support the development of the Target Operating Model.

The views expressed in our response have been informed through the events, soundings boards and roundtable meetings we have organised as well as through our continuous engagement with third sector representatives on various Public Health Reform Commissions. This consultation focuses on highlighting the various questions and issues third sector organisations have raised about PHS in a bid to improve communications around the new body and to improve cross-sectoral working in the wider context of public health reform.

We are also heartened to see that our views are reflected in responses submitted by other organisations, for example Paths for All, CHEX and SCVO.

VHS welcomes the ambitions for the development of Public Health Scotland (PHS), which aims to provide joined-up public health leadership to tackle Scotland's public health challenges and work across sectors on the national public health priorities.

Accountability and Leadership Q2

VHS welcomes that PHS has prevention, early intervention and people as its core and aims to embed a right to health across systems and sectors. PHS needs to take a leadership role in ensuring that this message is translated to health service delivery and actions on the causes of poor health through Health and Social Care Partnerships (HSCP) and Community Planning Partnerships (CPP) as well as Scottish Government, Local Authorities, COSLA and third and private sectors in order to realise the whole systems approach. Critical to this ambition will be to adopt a common language that both clinical and non-clinical, statutory and non statutory partners can understand and value.

VHS agrees that PHS should become a statutory Community Planning Partner as this will allow PHS to display a leadership role in guiding the work of CPPs towards tackling the wider social and economic determinants of health. We also think that PHS should be able to influence and guide the work of HSCPs and CPPs to realise transformational change and adopt more upstream approaches. If PHS does indeed become a statutory CPP it will be important to identify how best it can engage and develop effective working relationships with third sector partners at local and national level.

Board and Governance of PHS – Q2 and Q14

Public Health Scotland will be accountable to both local and national government as well as its own governance board. We also believe that it should be outward facing and accountable to citizens. In order to influence the organisational culture of PHS this outward facing accountability needs to be embedded within the new organisation from the beginning.

We also believe that the third sector should be recognised as part of the wider public health workforce. There are real opportunities for the new organisation to establish truly collaborative relationships with the third sector in ways which build capacity and make best use of the strengths and assets. This could include for example openings for staff from the third sector to work within PHS and also for staff at PHS to become more familiar with the culture and context of the third sector in order to enable shared learning and better collaboration.

We welcome the commitment to “try to build human rights into the governance structure of the organisation, by recruiting lived experience and expertise on human rights onto the Board. [page 43, para. 4]. This should be accompanied by adequate support for members of the board with lived experience so that they can play a full and active role. We have learned from our [engagement](#) with third sector organisations regarding Health and Social Care Integration that carer and patient representatives are often provided with varying levels of support, training and induction, which can adversely affect their ability to carry out their roles. We also

recognise that conventional definitions of 'service user' are not necessarily appropriate in relation to public health and the concept of citizen and community involvement may be more apposite.

We also have practical questions surrounding the board for example, will the board meetings be open to the general public and will there be opportunities for members of the public to contribute to these meetings? Having this level of transparency will help PHS demonstrate its outward facing accountability.

Ensuring an independent voice – Question 1 and Q2

We understand that Public Health Scotland will be jointly accountable to the Scottish Government and local government in the form of COSLA. However, if we are to create a Scotland where everybody thrives and adequately address the current challenges we face then PHS needs to be impartial and advocate effectively. VHS welcomes the reference to "speaking out on uncomfortable truths" in the [Target Operating Model](#) and believe that it is imperative that PHS be able to speak out about what works, what does not and what needs to change. Independence of voice for PHS needs to be protected by defining and embedding it within the Memorandum of Understanding (MoU) between Scottish Government, Local Government and PHS. We welcome the commitment within the consultation document to ensure that the 'the advice and guidance the new body provides is truly independent of Government,' and the assurance that PHS 'should be able to campaign for those public health objectives and policies which it believes can best improve and protect the nation's health and wellbeing.'

NHS Health Scotland has been able to demonstrate this impartial advocacy role through their continued focus on social justice and the social and economic determinants of health by recognising the role of power and agency in tackling health inequalities as well as embedding a human rights based approach. They have been active in producing information and evidence that supports decision makers in national and local government but also in supporting the work of the third sector. PHS should be able to expand on this role through the merging of NHS HS, ISD and Health Protection.

Tackling health inequalities Q9

We acknowledge the commitment within the foreword of the consultation which notes that tackling health inequalities is a priority for both the Scottish Government and COSLA. VHS also welcomes the recognition that healthcare is not a determinant of health but that there should be a renewed focus on tackling the social and economic inequalities that lead to ill health. We know that Scotland's health has been improving although not fast enough and not equally for everyone therefore tackling inequalities needs to be at the heart of the work of Public Health Scotland. During a sounding board meeting hosted by VHS, attendees raised the issue that while healthcare is not a determinant of health the three bodies joining to form Public Health Scotland are, to varying degrees, focused on health care. Attendees understood that the three health components would be supported by five wider functions as well as the public health priorities. However, it was not clear how the

culture change required to tackle the wider determinants would be achieved and put into action. We would like more clarity about the role of the new body in tackling the social and economic inequalities that drive health inequalities, for example in relation to inclusive growth in collaboration with economic development partners.

The third sector have a strong understanding of the correlation between poverty and health and we are able to support actions and decisions that will tackle inequalities head on, as in the case of Child Poverty. Research conducted by NHS Health Scotland shows that: infant mortality rates in the most deprived areas in Scotland are over 50% higher than those in the least deprived areas. It also shows that children from low-income households are likely to have poorer mental and physical health compared with their more affluent counterparts. VHS alongside over 70 organisations was a signatory to the letter to the First Minister calling for the early implementation of the Scottish Government's new income supplement to tackle child poverty. We think that PHS should also be able to advocate, act independently and be vigorous in its ability to tackle health inequalities, and support difficult decisions that will bring about change.

Importance of a joined up approach to Public Health Q3 Partnership working Q3

We welcome the joined up approach suggested by PHS and believe that the third sector have a vital role to play in delivering the Public Health Priorities and the vision of PHS. We also recognise that there is still a long way to go and that a full appreciation of the third health sector's contribution to public health needs to be embedded within PHS from the very beginning and not as an add on.

Some examples of relevant collaborative cross-sectoral projects include the Jigsaw Project between VHS's member organisation [Cope Scotland](#) and the Drumchapel & Yoker GP cluster, which is made up of seven GP practices. The project developed a whole system learning programme, led by the third sector and GP cluster, in order to better understand and help to find solutions for people who experience long term or recurring mental health difficulties who also face barriers to accessing and using existing services. It also identified and sought to correct the barriers and disruptions at the interfaces between statutory services, third sector, communities and GP practices.

The outcomes of the project include:

- (1) The GP cluster has prioritised wellbeing and prevention of burnout as a quality improvement topic.
- (2) Steps have been taken to improve communication between GP practices and NHS mental health services.
- (3) The availability of community-based resources has been strengthened through seed funding.
- (4) Awareness by GPs of community based resources and alternative sources of support for patients has been improved

- (5) The problems and possible solutions have been more clearly defined from a variety of perspectives, reflecting a 'whole system' ethos.
- (6) The Jigsaw steering group has become a useful forum for bringing together the GP cluster leadership with NHS managers, third sector leaders and community planning processes.

Voluntary Health Scotland has also supported wider engagement between sectors and organisations. In 2017, we organised a round table to help the [Scottish Public Health Network](#) (ScotPHN) engage more actively with the third sector on three very different work streams. At the round table it became clear very quickly that three of the organisations, LGBT Health and Wellbeing, Stonewall Scotland and the Scottish Trans Alliance, had a range and depth of knowledge about one of the work streams on gender identity that ScotPHN did not have and that they were keen to tap into. The three organisations went on to have a significant influence over the gender identity project's development and on 18th May 2018 ScotPHN published and sent the resultant [Healthcare Needs Assessment of Gender Identity Services in Scotland](#) report to every Director of Public Health and to COSLA.

Scottish National Heritage alongside Transport Scotland and a range of other partners have established four pilot [Green Health Partnerships](#) in Dundee, Highland, Lanarkshire and North Ayrshire. The aim of the pilots is to encourage cross-sectoral co-ordination in order to mainstream approaches that increase physical activity and improve mental health through engagement with the natural environment. The pilots are led by local health boards and local authorities and bring together the health, social care, environment, leisure, sport and active travel sectors in order to make more use of local green space as a health-promoting resource.

These types of partnerships will be essential to ensuring PHS can work alongside the expanding range of multi-professional and multi-agency public health landscape that is emerging in Scotland.

We understand that Public Health Scotland will be supporting the delivery of national vaccination programmes. VHS is involved in the [Vaccination Transformation Programme](#), which aims to redesign the delivery of local vaccination services. The programme has highlighted the need to work together with a range of partners, not only for the delivery of vaccinations which may be happening in a range of local community level venues but also for the dissemination of information to patients who are used to traditional means of vaccination delivery. Developing successful local partnerships between NHS boards, Primary Care and third sector can ensure that vulnerable patients do not fall through gaps in service provision.

We look forward to hearing more about PHS's plans for enhanced partnership working.

Role of the Third Sector Q4 - Public Health Priorities

We welcome PHS view that the third sector is "a vital partner for Public Health Scotland in putting prevention at the heart of health and care services, and supporting local communities to take a greater role in promoting health and wellbeing." [page 25, para. 40] The diverse third sector can contribute to public

health in a number of different ways from advising on the development of policies and interventions to conducting research, delivering services, engaging with communities and those whose voices are seldom heard, as well as strengthening relationships between service users and statutory services.

The public health priorities have great ownership within the third sector as the six priorities aim to influence the wider social and economic environments in which people live rather than focusing on individual behavioural change. The priorities are also preventative and upstream in nature, which reflects a lot of the work of the third sector. VHS's membership and wider networks includes organisations working across each priority. VHS looks forward to the opportunity to support the work of PHS by exploring the third sector's contribution towards each of the public health priorities and identifying areas of best practice and innovation.

This exercise should also aid the development of the 'early adopters' approach as it can potentially identify where the third sector could take a lead or develop different approaches. We would urge PHS to make good use of this valuable resource.

Continued engagement with third sector Q4

Questions around how engagement with the third and wider sectors will be maintained after PHS is established have been consistently raised by third sector organisations. It is important to keep the momentum that has been established by the public health reform process going and to have engagement processes, continuing dialogue and good practice embedded within the new body from the very beginning.

We acknowledge the comment that "Third Sector Interfaces (TSI) will have a key role to play as a conduit to the third sector". [Page 25, Para. 40] However, it is important to recognise that TSI's are very different in each region and vary in size as well as networks across the 32 Local Authorities. PHS cannot oversimplify engagement to just one mode or channel for example, third sector interfaces, a seat on the board for a third sector representative, or a third sector committee – there is a need to engage the whole sector in order to harness its full potential. It is also worthwhile to explore how to embed the third sector beyond engagement to establish effective models of collaborative working.

The Scottish Council for Voluntary Organisations (SCVO) have developed the concept of a Wellbeing Lab to encourage a more systematic way for non-statutory partners to engage with PHS. This could be but one example of wider engagement alongside that of TSIs suggested in the consultation. The concept involves developing a cross-departmental function (the Lab) which would be hosted and resourced by the new Public Health Body. Its aim would be to provide an open and safe space within which to engage stakeholders, beneficiaries and practitioners with the latest insights and intelligence on public health, in order to experiment, innovate and design the leading-edge approaches to supporting wellbeing in Scotland.

The concept of a Wellbeing Lab gained support and traction at the Scottish Government's Public Health Reform third sector stakeholder group on 18th June.

Engaging citizens voice Q4

PHS should have a role in engaging and empowering citizens to take part in decisions that affect their health and wellbeing. It is important for PHS to use language and messaging that conveys what PHS can do for the health of individuals, communities and Scotland. Clear and accessible answers to questions by members of the public such as ‘what does PHS do for me?’ should be developed. A way in which to do this is to share real life stories describing successful public health interventions and the impact they can have.

Moreover, learning from initiatives such as [Our Voice Citizens Panel](#) set up and administered by the Scottish Health Council can help to identify ways in which PHS can effectively engage with members of the public. The Our Voice Citizens Panel is a demographically representative consultative body of citizens who have agreed to provide their views, preferences and opinions on a range of health and care related issues, through survey. There are around 1,000 members of the Citizens Panel and they have shared their perspectives on issues such as Health Literacy, Oral Health, Digital Healthcare, Loneliness, and Realistic Medicine. The Panel has offered decision makers a successful means to access robust and representative Scottish ‘public view’ on areas of policy and service development, and created opportunities for panel members to engage in national policy debate.

The lived experience panels adopted by Social Security Scotland are another example of collaboration and genuine engagement with people. Social Security Scotland have recruited over 2400 people with lived experience of using benefits to help guide and support their work. Alongside this wide group of stakeholder organisations and people with lived experience the new agency is recruiting seldom heard groups such as gypsy travellers, seasonal workers, Black and Minority Ethnic Communities as well as carers and those with long term conditions to ensure that no one is left unheard.

The agency have recently co-produced a charter that sets out what people should expect from the new social security system. It explains in clear and accessible language how the agency will implement a human rights based approach and how they will demonstrate dignity, fairness and respect in the delivery of benefits across Scotland. Such a document which sets out clear statements from the perspective of service users, explicitly states their rights and how these will be upheld is a result of this collaborative approach.

Role of Data Q6 and Q15

We support the innovative use of “Digital technology and data ...to help plan and improve public health services; enable research and development; and ultimately improve public health and wellbeing outcomes.” [page 45, para. 4] VHS believes that there is a need for applied research that supports decision-making and that data gathering, research and analysis should drive and enable change. At the same time, we think that there needs to be more accountability about what happens in response to research – what decisions are made and what changes.

Moreover, we also agree that “all parts of the system should work together to gain maximum value from data” [page 31, para. 71]. Allowing other sectors to contribute to the data that is gathered and have access to it to improve their service can have a huge impact on public health. For example, RNIB have highlighted their growing need for robust and up-to-date data on people with sight loss to enable effective local service provision. This need for data will grow for many health and wellbeing service providers across sectors in order to plan for demographic change and the potential for an increase in demand.

The Primary Care Community Link Worker programme is another example of partnership working that requires good data support. Link workers require accurate and up-to-date information about what resources and services are available within their areas. In turn, they have data and information about local issues that they can feed back to PHS to help create a local and national picture of the services and resources available as well as the issues people are facing.

Finally, it is important to recognise the value of qualitative research, which is conducted by the third sector and adds context and richness of understanding to population health data and clinical statistics. The third sector often have access to seldom-heard groups, people with lived experience and have grassroots level information which can help to create a detailed and nuanced representation of Scotland’s health alongside clinical and statistical data.

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