The national intermediary and network for voluntary health organisations in Scotland

Key Messages

voluntary health scotland

Public Health Scotland Strategy Consultation with Voluntary Health Scotland Members

13 May 2025

On the 13th of May, Voluntary Health Scotland hosted an event with Public Health Scotland (PHS) which forms part of PHS's ongoing consultation around the development of its new strategy. The event was chaired by Tejesh Mistry, Chief Executive of VHS with a presentation from Mark McAllister, Organisational Lead for Strategic Development at Public Health Scotland.

A Scotland Where Everybody Thrives

Mark opened the meeting with an overview of the new strategy, at the heart of which is the vision: *a Scotland where everybody thrives*. Within this vision, there are shared goals, however there is also a recognition that the real challenge lies in how we get there.

Public Health Scotland's future strategy will continue to focus on three core areas of work:

- **Preventing disease** through health protection measures such as vaccination, health surveillance, and pandemic preparedness.
- **Prolonging healthy lives** by supporting access to high-quality, equitable healthcare services and reducing health inequalities.
- **Promoting health** by strengthening the social, economic, and environmental building blocks that support wellbeing, such as housing, employment, education, and community connection.

This approach draws from well-established frameworks such as the King's Fund Vision for Population Health and Scotland's own Population Health Framework. These frameworks offer a coherent and effective way to organise public health work, and

they reflect the Scottish Government's wider priorities around tackling inequality and improving outcomes across communities. However, while we have a strong understanding of what needs to change, the recurring challenge remains implementation — making ideas and strategies real in people's lives.

That is why Public Health Scotland recognises the vital role of the third sector. Delivering change in public health cannot be done in isolation. Who we work with — and how we work together — is critical. The third sector offers unique expertise, trust, and access to communities that statutory services often struggle to reach. As we build our strategy, we must ensure that collective action is central — that everyone is included from the start, and that we work together to strengthen the building blocks of health in a way that is inclusive, sustainable, and community-led.

Capability across the public health system must be developed collectively. Realising the potential of Scotland's health promotion system will require strengthening partnerships and sharing responsibility. Both the Public Sector and Third Sector bring unique resources to this partnership, particularly in the areas of data and intelligence. However, to be truly effective, we need to ensure that evidence and research are translated into practical delivery, and that this supports those working on the ground.

Monitoring and evaluation will also play a key role. At a time of increasing financial pressure, we must be able to demonstrate the impact and value of public health investment. This means better tools for evaluation and a stronger emphasis on policy engagement. We must ask ourselves — can we do more, and should we do more, to shape the policy landscape together?

Ultimately, the focus of Public Health Scotland's new strategy will be about ensuring access to the best possible health outcomes for everyone in Scotland. Achieving this will take shared commitment, long-term thinking, and strong relationships. This meeting is an important step in shaping that direction — together.

Our attendees broke into smaller groups to discuss the concepts further.

Summary of Breakout room feedback

Room 1 – Inclusion, Integration, and Power Dynamics

- Positive feedback on Public Health Scotland's consultation with the third sector.
- Key question: How do we ensure an inclusive process that genuinely reaches diverse groups (e.g. older people, remote areas)?
- Concern that engagement must be meaningful, not just a tick-box exercise.
- Missingness in health was flagged as an important concept to explore further.
- Health and Social Care Integration: Is the third sector recognised as an equal partner? Current funding cuts suggest otherwise.
- Third sector could be a key link between service users and the wider system.
- Better data sharing is essential to inform effective service delivery.

- Power imbalances between sectors need to be addressed to support true collaboration.

Room 2 – Funding, Language, Strategy, and Data Access

- Funding allocation remains a major challenge; siloed working limits collaboration.
- Concern about how people are defined by their conditions — importance of using respectful and inclusive language.
- Public Health Scotland could have more influence on prioritising prevention spending.
- Some concern about using language like "everybody thrives" — not universally resonant.
- Prevention investment is vital — how can this be built more explicitly into the strategy?
- Varied interpretations of “thriving” — it means different things to different people.
- Presentation tone felt too clinical — suggested shift toward a more human-centred, relatable approach.
- Access to PHS data is limited for the third sector — without it, delivering the right services is harder.
- Recognition that the third sector has significant reach — PHS could partner more effectively.
- Drivers of health are broad — need for more detail, clearer strategic alignment with third sector.
- Support for targeted, tailored approaches to engage communities.
- Overall question: How can this all be realistically implemented?

Room 3 – Prevention, Demographics, and System Change

- Data must be purposeful and used to drive preventative action and decisions.
- Prevention means different things to different parts of the system — clearer definition is needed.
- Demographic shifts (e.g. aging population) are critical — need to plan for and mitigate these changes.
- Emphasis on allyship — recognising differences across sectors, but also potential for mutual benefit.
- Return on Investment (ROI) for prevention needs more consistent evidence and measurement.

- Ongoing engagement and relationship-building are essential.
- Clear, realistic priorities and defined roles are needed.
- National vs. local dynamics: how can we ensure alignment and effectiveness across levels?
- System experiences vary — opportunity to replicate good practice more widely.
- A call for **creative and radical thinking** to drive the shift toward prevention — everyone must be "the grit in the system" to keep focus on change.

Conclusion and Next Steps

A recurring theme across the discussions was the importance of building stronger and more equal relationships between PHS and the third sector. There was a clear call to ensure that engagement is meaningful and representative of the diverse voices across Scotland — particularly those often underrepresented in health policy, such as older people and rural communities. The third sector's deep connections and unique insights must be recognised and embedded into how we design, deliver and evaluate public health work.

There is a need to co-develop policy, not just deliver it. The strategy must reflect the complexity of people's lives and that of the third sector's vital role in shaping both the narrative and direction of public health priorities. There was a strong consensus that more needs to be done to share data and intelligence in ways that support service design and demonstrate collective impact. Decision-making tools such as analysis on return on investment and health economics should be made more accessible to help achieve this.

Research, insight, and evaluation must be shared consistently and used strategically. A more joined-up approach to data and knowledge, co-produced with the third sector, will be essential to achieving this. Participants also encouraged continued engagement and relationship-building, calling for realistic goals, clear roles, and better alignment between national and local priorities.

As we move forward, this dialogue must continue. There is a clear opportunity to co-create a strategy that recognises the strengths of all sectors, values evidence and lived experience equally, and works collectively toward a Scotland where everybody thrives. This conversation is just the beginning — lasting change will depend on how we build, collaborate, and lead together from here.

Voluntary Health Scotland

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