

Key Messages



Health at the Heart of Communities - Key Messages

Voluntary Health Scotland Annual Conference – Wednesday 6th October 2021

Our Themes

- Engaging with people's stories and lived experience to improve services
- Reaching and serving those who are missing, marginalised or overlooked in health
- Evidencing and understanding the third sector's impact on health inequalities
- Reshaping primary care and our sector's role
- Partnership working for recovery and renewal beyond the pandemic



Voluntary Health Scotland (VHS) held our Annual Conference online for a second time, with 100 delegates joining us to explore Health at the Heart of Communities. We heard from keynote speakers, hosted a panel discussion, engaged with [virtual exhibitors](#) and held our annual [poster competition](#).

In a virtual room filled with health creators and pioneers, reflections and ideas were shared on all the themes for the day. There were some observations on responses to the pandemic, but notably there was a forward-focus on how communities can help shape the recovery. Approaching, encouraging and facilitating partnership working were discussed throughout the day. Moreover, we had an engaging conversation on reaching those missing, marginalised and overlooked in health. Two points were recognised in equal measure throughout, that pre-pandemic health inequalities persist and the fallout from the pandemic will be long felt.

Our chair of the conference, **Paul Okroj**, Director of People Driven Development Chest Heart & Stroke Scotland (CHSS), opened the [conference](#) by focusing on the importance of being led by people and communities when developing health and social care systems.

Health Creators

Claire Stevens, Chief Executive of VHS, drew on insight from Nigel Crisp, former chief executive of NHS England, on building a health creating society. Arguing we must take off our "NHS spectacles" and see communities as the place where good health is made and nurtured. Claire noted pre-pandemic health inequalities persist and [non-communicable diseases](#) were still the leading cause of death and disability in Scotland. She ended by quoting Nigel Crisp: "the health creation movement is here to stay, the health creators are unstoppable. They are creative, adaptable and determined. It's time to act."

Co-Producing System Change

Dr [David Caesar](#), Senior Strategic Advisor for the health workforce within Scottish Government, urged us to remember the spectrum of people's experience during the pandemic. He took us through some key learnings across the health and care system, raising conversations about whether socio-economic status should be part of the clinical prioritisation framework. He suggested the complexity of "health creation" was misunderstood at the start of the pandemic, with the focus on the NHS. He felt there was a need to invest in society, and shift towards viewing people as assets rather than problems. He provided some insight on key considerations in the workforce strategy, due to be published by the end of the year.

During the questions:

- **Person-Centred Approach:** Katherine Byrne, CHSS, felt that with the emergence of various national strategies we were now seeing traction in lived experience guiding work, but this was still in its infancy. Dave Caesar agreed about the need to design services around people's needs. He felt we were seeing a lot more use of person-centred design principles, lived experience and parity of esteem. He added that medical education was developing towards a more empathetic approach, citing the ScotGEM programme as a positive example.
- **Lived Experience:** John Beaton, Scottish Recovery Network, asked about creating safe spaces to share lived experience in a meaningful way. Dave Caesar felt there were good mechanisms for engagement but noted there was sometimes a reluctance to relinquish control, which needed worked on. The idea of viewing time as a currency was raised, with recognition we need to set a long-term shared vision for cultural change.
- **Co-Production:** In response to Alan Eagleson, Terrence Higgins Trust, Dave Caesar said a multifaceted approach was needed to establish the "co-production" of whole system change.

Communities at the Heart of Health

The conference heard from Health Pioneers:

- Justina Murray, CEO, Scottish Families Affected by Alcohol & Drugs
- Frances Simpson, Chief Executive, Support in Mind Scotland
- Laura van der Hoeven, Head of External Engagement, Families Outside

Paul Okroj facilitated the conversation focused on reframing our thinking and supporting people to enjoy the best health they can. We heard about how communities had stepped up during the pandemic to create local solutions and keep connections. However, it was highlighted throughout that community development required support and there was a broader need for long term investment in the sector. We need to remember heart and kindness in our work and think beyond our "geographic" community by considering our communities of interest too. There was a consensus that we couldn't return to service as usual after the pandemic and the damage it caused will have a long tail. Additionally, we needed to move away from focusing on hospital care towards a more prevention-based approach.

During the questions:

- **Collective Memory:** Frances noted the pandemic gave us a unique glimpse into what it means to be entirely dependent on our communities and asked how long our collective memory would be. She felt the third sector was good at collaboration and the pandemic shone a light on this. Julie Wardrop, CANDU, raised concerns about people being distanced from services like cancer care and bringing back compassion-based work. Justina agreed COVID needed to stop being used as an excuse for removing access to services. She added that the COVID “recovery” was not yet a reality for service users.
- **Inequalities:** On health inequalities and ACEs, Laura reframed “risk factors” as “resilience factors” and highlighted the importance of supporting families.
- **Isolation:** Marion MacInnes, NHS Western Isles, explained that people with dementia were feeling isolated before the pandemic and it's just being recognised now. She raised concerns about the community support that emerged during the pandemic beginning to step down.
- **Link Workers:** Marion Findlay, Volunteer Edinburgh, outlined the challenges for community link workers (CLW) in linking people with services due to waiting times. She felt there needed to be investment in social prescribing. Helen Morrison, Paths for All, highlighted a need for equitable access to services with CLW. Frances felt we needed to fully understand the role of CLW, invest resources and focus on the benefits for people, not waiting lists.
- **Family:** Laura discussed the role of families at the heart of health, explaining family was community and they grow out from one another. Families and communities often fill gaps in the statutory provision of services, and they provide the love that everybody needs to survive. Justina drew our attention to [loves makes you family](#), with Frances adding connectedness creates community.

Key words: kindness, compassion, connections, localism, innovation, adaptability, resilience, love, heart and intergenerational.

Engaging with Government

Humza Yousaf, Cabinet Secretary for Health & Social Care, paid great tribute to the role of third, voluntary and statutory health organisations during the pandemic. He praised the work of British Red Cross in coordinating the National Volunteer Coordination Hub. He noted the work of organisations like BEMIS and the Ethnic Minority Resilience Network in getting the vaccine to harder to reach communities, along with RNIB translating key COVID information into Braille. He recognized the value of the CLW programme in reducing health inequalities and set out the government’s commitments on improving community mental health resilience. He highlighted the advantages of getting people care in the community, including through the third and voluntary sector.

During the questions:

- **System Pressures:** Ian Bruce, Glasgow Council for the Voluntary Sector, asked if now was the time to increase capacity in the voluntary health sector, to which Humza Yousaf said yes. He drew on the [winter investment](#) announcement and recognised the role of the third sector within the health and social care system.

- **Listening:** Taking on the challenge of better listening, Humza Yousaf said the government would engage with sector and the whole system on where investment should be targeted. Kath Byrne suggested a third sector advisory panel on government policy should be established, which Humza Yousaf felt was a really good call and agreed to take away.
- **Cancer:** Rob Murray, Cancer Support Scotland, asked about increasing the uptake of smear tests. Humza Yousaf referenced a [campaign](#) to increase cervical cancer screening uptake which launched shortly after the conference.
- **Care Service:** On preserving local health networks in the proposed national care service, Humza Yousaf provided assurances that the government didn't want to lose local delivery in the service.
- **Mental Health:** Humza Yousaf recognised the scale of the problem in mental health services, especially CAMHS. He noted the role of early intervention and the third sector, investing before it gets to crisis point.

Reaching those who are missing, marginalised or overlooked in health

The [poster competition](#) was focused on reaching and serving those who are missing, marginalised or overlooked in health. Each finalist expertly delivered their elevator pitch, then fielded questions from the audience on their work. After 501 votes in the competition, the [Brain Tumour Charity](#) were the winning entry. Beyond the endless praise for the entries, resources and observations were widely shared during the conversation. We have linked these below:

- It was highlighted that when NHS services were all being stopped during the pandemic, the third sector was actually ramping up to step in.
- On learning, CHAS shared that digitalisation during the pandemic actually enhanced how they engaged with families.
- Marie Hayes, British Red Cross, commented: "Collaboration and kindness of those community voices has underpinned much of what has been shared today, it's interesting that even in this online event we have begun to connect further with each other"
- [Room for Art activities](#)
- [SHAAP COVID advice for heavy drinkers](#)
- [Social prescribing online event](#)

Achieving an Integrated and Connected Recovery

[Norman McKinley](#), Executive Director of UK Operations at British Red Cross, spoke about their work during the pandemic and achieving an integrated and connected recovery. He highlighted other areas of work, such as supporting those at the highest risk of fragility, personal support, waiting lists and the impact of loneliness. Encouraging partnership working was key to his message. He ended on three calls to action:

- Invest in partnerships
- Collaborate together to build capacity
- Empower a local response

During questions:

- **Resource Sharing:** Marie Hayes highlighted the benefits of sharing tools and learning, noting the role of networks like VHS in bringing us together and inspiring system change.
- **Shared Values:** John Beaton, Scottish Recovery Network, asked about outlining values first when working collaboratively then the mission and actions. Norman agreed, values are great for framing a shared purpose.

In closing

Claire Stevens expressed her gratitude for the contributions from speakers, exhibitors and delegates throughout the day. She commended the excellent questions submitted for the Cabinet Secretary and confirmed those not answered would be sent on to him. She particularly hoped the suggestion from Katherine Byrne about establishing a third sector government advisory group would be explored. She noted the day's discussions would feed into the VHS three-year strategy currently in development and light-heartedly suggested a potential VHS rebrand to "Health Creators Scotland".

Paul Okroj highlighted that kindness and connectivity were the key themes from the day, along with ensuring a lived-experience people-driven approach to our work. He urged delegates to explore how these conversations could be built into our strategic and operational plans, and ended with a rallying call to keep the conversation on Health at the Heart of Communities going.

Voluntary Health Scotland is so grateful to everyone that joined us on the day and we always welcome [new members](#) for anyone interested in getting more involved in our network.

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