

Key Messages



VHS Members Meeting: Reflecting on the pandemic Tuesday 25 January 2022

Claire Stevens, Voluntary Health Scotland (VHS), welcomed members to the first VHS event of the year. She offered some reflections on the last year for the voluntary sector, highlighting the [SCVO](#) findings that 68% of voluntary health organisations reported an increase in demand for their services during the pandemic. Members were invited to share their experiences, both personally and at organisation level.

The wide-ranging discussion covered organisations' individual services and workstreams, alongside more general experiences of remote and hybrid working. Members noted homeworking allowed for some people to increase their capacity as travel time was saved, while also recognising the intensity of back-to-back online meetings. Multiple people outlined how the pandemic had affected their service delivery and there was a significant conversation about challenges for volunteering within the NHS. The importance of recognising people's living situations when trying to design care and support was discussed, especially the advantages of "chat services" as opposed to virtual appointments. Policy priorities for the year ahead were also raised, primarily with regards to the National Care Service. The main challenge raised by organisations was the inability to plan priorities, work patterns and events for the year ahead due to the volatility of the pandemic.

Palliative Care: Mark Hazelwood, Scottish Partnership for Palliative Care, said 2021 had felt like quite a blur. He highlighted one of the Scottish Partnership for Palliative Care's projects which aimed to support palliative care in hospitals had been quite stop-start due to fluctuations in COVID cases over 2021. He noted that the statutory sector was expected to deliver universal services no matter the circumstances. Whereas the third sector had a little more control of our destiny, albeit limited by money and without the same recognition. Looking ahead, the Scottish Partnership for Palliative Care wants to establish a systematic measurement to understand people's experience of death, dying and bereavement.

Home Working: Mark Hazelwood highlighted the structural intensity of homeworking as we are missing that respite of traveling between meetings. Bushra Riaz, Kidney Research UK, also highlighted the challenges of online fatigue and working from home as a mother, while recognising online platforms gave organisations a wider reach and lower costs. Alex Stobart, Mydex, suggested events could stay online for smaller organisations while the government experimented with in-person events, as they have the resources to do so. Christine Carlin, Home-Start, raised concerns about the shift back to in-person meetings as travelling around multiple locations was a challenge and capacity would be curtailed. Mark ended by acknowledging the difficulty for organisations in planning the year ahead, as we all ask - "what on earth will it be like?"

Hospital to Home: Katherine Byrne, Chest, Heart & Stroke Scotland, discussed their service model, Hospital to Home. Katherine felt there were some positive opportunities over the last year such as new partnerships with clinicians in health boards. However, she noted the significant challenge of having to reach out to each health board individually and the barrier of data sharing agreements with health boards. She felt there could be opportunities through the National Care Service to establish an integrated health care record, noting the government's response to the consultation was due in the next couple of weeks.

Excess Deaths: On the pandemic, Katherine raised concerns that fewer people had been presenting with symptoms to NHS services and there was an increase in excess deaths. She also questioned how parliamentary time might be spent over the next year, with debates on the constitution due to emerge again.

Organ Donation: Bushra Riaz, Kidney Research UK, discussed their peer educator project with ethnic minorities which aimed to encourage people to become organ donors and raised awareness of the change in law. She noted there had been a decrease in organ donations during the pandemic, and it was harder to raise awareness of the law change due to restrictions. There will be an awareness raising campaign this summer on organ donation.

Volunteering: Maureen O'Neill, Faith in Older People, highlighted people over-70 years old had to shield and were unable to volunteer in many circumstances. She feared we might lose older volunteers as a result and people might become frailer and less mobile. Claire Stevens, Voluntary Health Scotland, highlighted Volunteer Edinburgh's concerns that the pandemic may have reversed a lot of their work to make volunteering more inclusive. Katherine Byrne noted Chest, Heart & Stroke Scotland adapted by introducing digital kindness volunteers during the pandemic. Louise White, Scottish Government, explained a lot of the pandemic response had to be reactive. She said there was a duty of care with placing volunteers within hospitals and each NHS board had its own volunteering strategy, the government only acted as a guide. She confirmed the government was keen to address the whole strategy of NHS volunteering. She said the government was also looking to address the lack of continuity between health and social care support and Healthcare Improvement Scotland was involved in this.

Alternative Routes to Support: Margaret Lance, Waverley Care, outlined her work supporting those living with HIV within African communities in Scotland. She said it had been a challenge this last year, some people were affected more than others and stigma remained a big issue. She highlighted that some people did not have a private space within their home to have conversations about support. Waverley Care developed a live chat service for support, which was much easier for people to engage with from home privately. Margaret also highlighted the great work the BEMIS Ethnic Minority National Resilience Network had been doing during the pandemic.

Justina Murray, Scottish Families Affected by Alcohol & Drugs (SFAAD), said for many families the discourse about "COVID recovery" was not a reality. She said the pandemic saw an increase in alcohol and drug use in the home, while less support was available for families through communities. She said many more people had been reaching out for support for their own alcohol use. SFAAD had not seen much of a difference in terms of helpline calls. However, non-voice options had been in more use as people didn't have the space for privacy at home. She felt statutory services had been slow on implementing this option and it wasn't available in many cases.

Care Packages: Elizabeth Campbell, Handicabs Lothian, said a survey they carried out on wellbeing found people with mobility issues and underlying conditions did not experience the same relief when things opened. She added that many lost care packages which were not reinstated.

Mydex: Alex Stobart, Mydex, highlighted their Healthy Ageing Challenge which aimed to accelerate inclusive person-centred services and address health inequalities.

National Care Service: There were questions raised about whether this was a good time for the National Care Service to be established as many organisations may not be ready to absorb, contribute and understand it. Maureen O'Neill highlighted strategic, funding and policy challenges, along with the implications of staff shortages. She said increases in the living wage needed to be followed with increased funding from government. Alex Stobart felt there hadn't been a great opportunity to engage with the National Care Service plans.

Claire Stevens thanked members for sharing their experiences from the last year and their ambitions for 2022. She highlighted Voluntary Health Scotland's current workstreams and upcoming [engagement opportunities](#). She drew members' attention to the anticipated Health, Social Care & Sport Committee's inquiry on health inequalities and encouraged them to reach out with any key issues they think the inquiry should explore.

For further information please contact: Kimberley.somerside@vhscotland.org.



18 York Place, Edinburgh, EH1 3EP
0131 474 6189 mail@vhscotland.org www.vhscotland.org.uk @VHSComms

Registered Scottish Charity SC035482. A company limited by guarantee SC267315